



HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

Members present:

Mr AD Harper MP (Chair)
Mr MC Berkman MP
Mr MJ Crandon MP
Mr MF McArdle MP
Mr BL O'Rourke MP
Ms JE Pease MP

Counsel Assisting:

Ms Ruth O'Gorman

Staff present:

Mr R Hansen (Committee Secretary)
Mr S Finnimore (Principal Legal Advisor)
Ms S Kimber (Acting Committee Support Officer)

PUBLIC HEARING—INVESTIGATION OF THE CLOSURE OF THE EARLE HAVEN RESIDENTIAL AGED-CARE FACILITY AT NERANG

TRANSCRIPT OF PROCEEDINGS

WEDNESDAY, 11 SEPTEMBER 2019

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The committee met at 9.02 am.

CHAIR: I now declare open this public hearing held as part of the committee's investigation of the closure of the Earle Haven residential aged-care facility at Nerang. I would like to start by acknowledging the traditional owners of the land on which we are meeting today. I am Aaron Harper, the member for Thuringowa and chair of the committee. The other members of the committee with me are Mr Mark McArdle, the member for Caloundra and our deputy chair; Mr Michael Berkman, the member for Maiwar; Mr Barry O'Rourke, the member for Rockhampton; and Ms Joan Pease, the member for Lytton. The remaining committee member, Mr Marty Hunt, the member for Nicklin, is unable to be here today. I welcome Mr Michael Crandon, the member for Coomera, who is standing in for Mr Hunt today.

At the request of the Queensland parliament in November 2018, the committee is undertaking a wideranging inquiry into aged care, end-of-life and palliative care and voluntary assisted dying. As part of this inquiry, and given this particularly disturbing event of July 2019 when the Earle Haven facility closed suddenly and without warning, our committee resolved to undertake an investigation into the sudden closure of the facility and into the quality and safety of care provided to the former residents. The committee and the community are greatly concerned about the way in which the sudden closure left vulnerable residents at the facility at risk. Through its investigation, the committee's aim is prevent such matters happening again in the future in Queensland.

This committee has summonsed Mr Arthur Miller, the director of the approved operator at the facility, People Care Ltd, to attend this hearing today, but we have been provided with a medical certificate to the effect that Mr Miller is not well enough to attend today or tomorrow. However, I can advise that the committee has resolved to summons Mr Miller to appear before it on 16 September 2019 at Parliament House, Brisbane.

This hearing is being recorded and transcribed by Hansard. Those here today should note that there are media present, so you may be filmed or photographed. Any media present will be subject to the chair's direction at all times. Please note that photography or videorecording by members of the public during public hearings or briefings held by the committee is prohibited.

The committee is a statutory committee of the Queensland parliament and, as such, represents the parliament. Today's proceedings are similar to the proceedings of parliament and are subject to the parliament's standing rules and orders. The guide for appearing as a witness before the committee has been provided to those appearing today. The committee will also observe schedule 3 of our standing orders.

The committee is being assisted in this investigation by Ms Ruth O'Gorman as counsel. Welcome. Witnesses are likely to be asked questions by both counsel assisting and by committee members. The proceedings are covered by parliamentary privilege, which means that witnesses are protected from legal action in respect of the evidence they give the committee. If witnesses give evidence today that reflects adversely on an individual or organisation, it should not be taken as proof of the allegations being made. The committee may choose to receive but not publish that evidence. I now call counsel assisting, Ms Ruth O'Gorman, to make an opening statement.

Ms O'GORMAN: Good morning, Mr Chair and members of the committee. Mr Chair, as you alluded to, on 11 July 2019 two residential care facilities at the facility known as the Earle Haven Retirement Village here on the Gold Coast abruptly shut their doors, leaving approximately 68 residents with nowhere to go on that day. All of them were elderly, most were frail and many suffered from significant medical conditions including dementia. It was by all reports a traumatic event for each of those residents as well as all of the staff on the ground and those who had to attend to deal with the unfolding crisis. State Emergency Services, as we know, were called on that day and ultimately were able to assist in relocating and rehousing those residents at very short notice.

On 9 August 2019, this committee announced that it intended to investigate the circumstances leading up to the closure of those two houses—that is, Hibiscus House and Orchid House at Earle Haven. It also announced that it intended to investigate the quality and safety of the aged-care Benowa

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services that had been provided to the residents of that facility in the lead-up to 11 July 2019. This investigation, as you noted, Mr Chair, forms part of this committee's further and broader inquiry into aged care, palliative care and voluntary assisted dying in the state.

On 5 August 2019, the Royal Commission Into Aged Care Quality and Safety inquired into what is described as the case study relating to Earle Haven—that is, the circumstances surrounding the closure of that facility. In particular, and quite specifically, the royal commission's inquiry focused on the Commonwealth entities with statutory responsibilities of overseeing aged-care services around the country, including Earle Haven, and in particular looked at the extent to which those Commonwealth statutory bodies did, in fact, adequately monitor and supervise the provision of aged-care services at Earle Haven.

The royal commission received evidence that an entity called People Care Pty Ltd was the approved provider for the facility from about 2006. The facility was comprised, as I mentioned, of Orchid House and Hibiscus House, which were accredited residential aged-care services. The royal commission heard that People Care had a troubled compliance history dating back to 2007. Because much of the evidence heard by the royal commission about that compliance history at Earle Haven provides significant context for the further investigations that this committee was going to undertake, I will now take some time to briefly summarise for the committee some of the evidence that was given relating to that compliance history.

In April 2007 the Aged Care Standards and Accreditation Agency audited Hibiscus House and found that it did not comply with several standards and outcomes, including in the areas of continuous improvement, regulatory compliance, education, staff development and clinical care. As a result of the noncompliance, the Department of Health and Ageing imposed a sanction on People Care requiring it to appoint a Commonwealth approved provider to assist it to comply with its statutory responsibilities at Hibiscus House.

Moving forward, in November 2015 the Aged Care Quality Agency conducted a review which resulted in a finding that People Care complied with only six of the 18 expected outcomes of the home care standards. That meant that 12 of those expected outcomes were not met at that time. People Care did not meet the expected outcomes in key areas such as regulatory compliance, risk management, and care plan delivery and development. As a result of that review in November 2015, in January 2016 the department issued People Care with a notice of noncompliance.

In May 2016 the agency conducted a further review, this time of both Hibiscus House and Orchid House. That review found that People Care failed to meet several of the expected outcomes of the accreditation standards at that time, including in the areas of continuous improvement, clinical care and catering, cleaning and laundry services. The committee will note that some of these non-met outcomes are in repeated areas. The agency at that time required People Care to take action to rectify those failures. In June 2016—the next month—the department issued a notice of noncompliance and imposed sanctions from June to December 2016 which included a requirement that People Care appoint an approved adviser to assist them to comply with their regulatory responsibilities.

The royal commission heard evidence that in September 2016—only a number of months later—the appointed adviser discontinued its services at the facility because of what it described as the failure of People Care management to follow the advice that it was giving to People Care. In October 2016 the department issued a notice of noncompliance to People Care. The following month—in November 2016—the agency conducted a further review at which improvements were noted, but the agency determined that People Care did not meet the expected outcomes of the home care standards for areas that included regulatory compliance and information provision.

People Care was required to take steps to rectify those noncompliances by April 2017. In April 2017 the agency conducted a further assessment and found that those two areas of expected outcomes were still not being met and that a third area of expected outcome was not at that time being met. People Care was given a notice of noncompliance and a notice to remedy. In May 2017, the next month, the department, satisfied that People Care had not complied with its undertaking to remedy the noncompliance, imposed a sanction which required People Care to appoint an administrator to assist People Care to meet its responsibilities.

The royal commission also heard evidence that in April 2018 People Care entered into a contract or a business arrangement with another entity or entities known collectively as HelpStreet. The effect of that contract or business arrangement between People Care and HelpStreet was that from April 2018 HelpStreet was to take over the management of Hibiscus House and Orchid House at the Earle Haven facility. Thereafter then, HelpStreet was to be responsible for the provision of the aged-care services at both of those houses but People Care remained the approved provider under the regulatory regime. In August 2018 and January 2019 the agency then conducted further

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assessments and the expected outcomes were noted as being met at those times. In January 2019, however, the department issued a noncompliance notice to People Care for a failure to lodge financial documents in time.

This hearing will extend on the evidence that was received at the royal commission and which I have just briefly summarised. This hearing will investigate concerns relating to alleged poor management practices and understaffing and inquire into the use of chemical and physical restraints of residents at the facility in the lead-up to 11 July 2019. The hearing will also examine the response of Queensland Health and the Queensland Ambulance Service to the crisis that unfolded on that day. The aim of the hearing is to seek to understand the circumstances that led up to the events which unfolded on 11 July 2019, when the facility closed, to enable, in turn, a consideration of what must be done in the future to ensure there is never a repeat of what occurred on that day.

It might be of some assistance if I now provide an overview of the witnesses to be called and the evidence expected to be given in this hearing. A number of witnesses are scheduled to give evidence about the matters which are the subject of the committee's investigation. It has already been noted that Mr Arthur Miller, who is, or was at the relevant time, the director of People Care, has been issued with a summons to attend but is not available to give evidence in these two days and it has been noted that it is expected or anticipated that he will be required to give evidence at a further sitting day. Mr Kristofer Bunker is the global CEO of the HelpStreet entity. He did give evidence via video link to the royal commission. Because he resides outside of this jurisdiction he has not been issued with a summons to attend at this hearing and it is not known at this stage whether he will be available to give evidence during this hearing on any of the sitting days.

Turning to today's program then, this morning the committee will hear firstly from Mr Cary Strong, a member of the Queensland Ambulance Service and a senior operations supervisor with that service. He attended at Earle Haven on 11 July 2019 and was very much a first responder to the events that unfolded there. Before he gives evidence we will hear played the triple 0 call that was made by a nursing staff member at Earle Haven on the day of 11 July 2019 to provide some context to Mr Strong's attendance at that facility at that time. We will, as part of the hearing in which Mr Strong is going to give evidence, also hear from two further witnesses who can provide some significant insight into what occurred in terms of Queensland bodies' responses to the crisis.

The committee will hear from Mr Ron Calvert, the chief executive officer of the Gold Coast Hospital and Health Service, and also from Ms Karlene Willcocks, the executive director, about the response provided by Queensland Health to the emergency. In particular, the committee will hear from those witnesses about the ways in which the Queensland Ambulance Service was able to liaise with the HHS to provide a coordinated response which could best meet the needs of the residents at that time. The committee will also be assisted, it is anticipated, in hearing from both Mr Cary Strong and Ms Karlene Willcocks about their observations of what was unfolding at Earle Haven because, as the members will hear shortly, both of those people attended at Earle Haven on 11 July 2019.

Also this morning the committee will hear from Ms Telicia Tuccori, who was HelpStreet's clinical manager at the facility on 11 July 2019, and from Ms Karen Heard, a nurse administrator with People Care. It is expected that they will be able to shed some light on the manner in which the facility was operated in the lead-up to 11 July 2019, including with respect to matters which relate to staffing and medication needs of residents, as well as provide some further insight into what occurred on that day of 11 July 2019 given that both of those witnesses were also at the facility on that day. It is expected that the evidence of those witnesses is likely to take us up to the lunch break. The remainder of the day will then be taken up with private sessions in which the committee will hear from residents, family members and staff members about their experiences or the experiences of their loved ones of the quality and safety of the services offered at Earle Haven in the years leading up to this year and specifically 11 July 2019.

There is, of course, a sitting scheduled for tomorrow with further witnesses lined up to give evidence. It is probably of most assistance, I would anticipate, if an overview of the evidence expected to be heard from those witnesses tomorrow took place in the morning tomorrow rather than now. Unless the committee requires an overview of the evidence expected to be given tomorrow, I might conclude my opening statement now.

CHAIR: Thank you

Ms O'GORMAN: Mr Chair, we have reached the point where we are in a position to proceed with the giving of evidence from Mr Cary Strong and the two witnesses from the HHS, if the committee is minded to call those witnesses. I should indicate at the outset that it has already been indicated to me that each of those witnesses seeks to be accompanied this morning by a legal representative. I flag that for the committee.

CALVERT, Mr Ron, Chief Executive Officer, Gold Coast HHS, Queensland Health

STRONG, Mr Cary, Queensland Ambulance Service

WILLCOCKS, Ms Karlene, Chief Executive Officer, Diagnostic and Subspecialty Services, Gold Coast HHS, Queensland Health

CHAIR: Thank you very much. We welcome from the Gold Coast HHS, Queensland Health, Mr Ron Calvert, chief executive officer, and Ms Karlene Willcocks, executive director; and from the Queensland Ambulance Service Mr Cary Strong. I understand there is an application for Mr Sammon to accompany the witnesses.

Mr Sammon: Good morning, Chair and committee. I do seek leave to accompany the state witnesses, if I can call them that, as the first three witnesses on your list for this morning. I have been acting for the state for the duration of the royal commission so far. If there is anything I can assist the committee with as to that history then I am very willing to help.

CHAIR: Thank you very much. Is leave granted? Leave is granted. We welcome counsel to assist. The committee reminds counsel that they are here to assist witnesses but do not have a right of appearance and cannot address the committee.

Ms O'GORMAN: I indicated a little earlier that it might be of assistance if the committee was to hear played the triple 0 call before we take the evidence from Mr Strong. If it is a convenient time, we will play that now. I can indicate that it takes a little less than five minutes.

CHAIR: Thank you. Proceed.

Audio was then played.

Ms O'GORMAN: Members of the committee, we will turn now to taking the evidence from the three witnesses, who are ready to do so. It will be of assistance, I think, to hear from Mr Cary Strong first. To that end, I will commence with asking questions of you, Mr Strong. Firstly, to clarify, you personally did not receive the triple 0 call that we have just heard played, did you?

Mr Strong: No.

Ms O'GORMAN: Can you tell us when you first became aware of that triple 0 call having been made on that day?

Mr Strong: The normal process would be that the triple 0 call would be received in our communications centre. It would then be dispatched to the appropriate crews. However, due to the nature of this and myself being the on call or the operational supervisor for the day, I received it through a paged message that Earle Haven had gone into administration and we needed to look at relocating approximately 69 residents from there.

Ms O'GORMAN: Roughly what time was it that you were informed of that information relay or pager system?

Mr Strong: That was approximately 1.30.

Ms O'GORMAN: I will take a step back and ask you a little bit about your level of experience with the service. How long have you been with the service?

Mr Strong: I have been with the Ambulance Service for approximately 33 years now.

Ms O'GORMAN: You are currently in a role as the senior operations supervisor?

Mr Strong: Yes.

Ms O'GORMAN: For how long have you been in that role?

Mr Strong: I have been permanent in that role now for two years.

Ms O'GORMAN: Can you tell the committee, please, in brief terms, what that role involves?

Mr Strong: The strategic management of all QAS resources on the Gold Coast Local Ambulance Service Network from Yatala down to the New South Wales border.

Ms O'GORMAN: In terms of your lines of reporting, is it correct that you report to the Gold Coast Local Area Service Network Director of Operations, Chris Draper?

Mr Strong: Yes.

Ms O'GORMAN: Also to the Acting Assistant Commissioner, Tony Armstrong?

Mr Strong: Yes.

Ms O’GORMAN: Returning to 11 July 2019, can I ask you this: have you previously had reason to attend at the Earle Haven facility?

Mr Strong: Only earlier in my career. I would have attended there to take patients to various medical appointments or return them from hospital appointments.

Ms O’GORMAN: What about in times approximate to 11 July 2019? Have you had reason to attend there?

Mr Strong: No.

Ms O’GORMAN: You said that you received the information about the events that were unfolding at Earle Haven at approximately 1.30 pm.

Mr Strong: Yes.

Ms O’GORMAN: Did you then attend at Earle Haven?

Mr Strong: Yes. I immediately responded from the Gold Coast hospital to Earle Haven, briefing my frontline managers on the way through that we had received the call and I was going across there to get further intel as to whether it was legitimate and whether we really needed to move 69 patients.

Ms O’GORMAN: Have you ever been tasked with such a matter previously in your career?

Mr Strong: Only due to disaster responses in North Queensland or down into Canberra or New South Wales, but never for an administration purpose.

Ms O’GORMAN: When you say ‘never for an administration purpose’, do I take it that you had never been required to attend at an aged-care service to relocate something short of 70 residents at short notice?

Mr Strong: As I said, only due to a disaster—that disaster being fire, flood or some type of infrastructure failure.

Ms O’GORMAN: You said that on the way you reported to your supervisors, as I understand it?

Mr Strong: Yes.

Ms O’GORMAN: Did that include Mr Draper and Mr Armstrong?

Mr Strong: The line of command would be to Chris Draper, who then, I believe, contacted Assistant Commissioner Armstrong.

Ms O’GORMAN: You did that on the way to Earle Haven?

Mr Strong: Yes.

Ms O’GORMAN: Do you recall what time it was that you arrived at Earle Haven?

Mr Strong: At approximately quarter past two.

Ms O’GORMAN: Who were you with at that time? Who else was in your car?

Mr Strong: I was by myself. I am a single response.

Ms O’GORMAN: Upon arrival at quarter past two that afternoon, could you explain for the committee, please, what scenes you were greeted with?

Mr Strong: As I drove through the main entrance to Earle Haven there was a couple of removal trucks and a ute parked in front of where I parked. There was a number of pieces of furniture and boxes in the entryway to Hibiscus House. It was very uncoordinated and very confused as to what was happening and why that was happening and who the individuals were who were milling around that entrance point.

Ms O’GORMAN: Prior to entering the building itself, did you have any conversation with anyone who appeared to be taking things into the removal trucks?

Mr Strong: No. The only conversations I had were once I got access into the main entry area of Hibiscus House.

Ms O’GORMAN: From the point at which you did in fact gain entry to the building, can you recall who you first spoke to?

Mr Strong: I spoke to a young female, who basically told me she had been sacked and they were all leaving. I asked her to put me in contact with someone in a management role and I was put in contact with Telecia or Teleka, who was the clinical nurse.

Ms O’GORMAN: Having been put in contact with the person you have described as ‘Telecia or Teleka’, did you take up with her?

Mr Strong: Yes, I spoke to her.

Ms O’GORMAN: You had a conversation with her?

Mr Strong: Yes. First of all, I asked her in regards to what was going on. I was advised that they were in administration, the staff had left and basically there was anywhere from 60 to 69 patients. About 40 to 45 of those were in Hibiscus House. The remaining number were in Orchid or Orchard House. There was a possibility of another 25 who could be impacted from independent living.

Ms O’GORMAN: Did you make any inquiries with Telecia as to who was in charge there on the day?

Mr Strong: That was later on in the conversation and I was put in contact with Mr Kris Bunker.

Ms O’GORMAN: Before we go to any conversation that you had with Mr Bunker, can I ask you whether Telecia explained to you the exact numbers of staff that were still onsite at the time that you arrived?

Mr Strong: There were a number of three registered nurses, three enrolled nurses and three assistant nurses. However, that number kept changing, depending on who was leaving and who was willing to stay back as a volunteer at that stage.

Ms O’GORMAN: Was it made clear to you whether those staff members were people who were actually rostered to attend work that day or people who were attending voluntarily?

Mr Strong: No idea. I think from my recount some of them would have been on shift, because normally I think at two o’clock there was a changeover, but I could not ascertain as to who was there as a staff member in the morning or who was coming on.

Ms O’GORMAN: At that point in time, did you see any of residents of either of those houses?

Mr Strong: Yes. There were a number of residents at the main entry area. There was a verbal confrontation going on between a number of persons in that area and there were a couple of residents actually involved and getting upset during that confrontation.

Ms O’GORMAN: Are you able to tell us anything about the state that you observed those residents to be in at that time?

Mr Strong: There was an elderly gentleman in a wheelchair whose urinary bag was basically dragging on the floor as he was trying to push himself either in or away from that confrontation. He was getting very limited to no assistance until a young female actually came to assist him and take him away from the confrontation. There was an elderly male who appeared to be very demented, suffering from dementia, who was very agitated. He became a little bit aggressive and had to be escorted away from that scene as well, due to the fact that he was getting more and more irate as that confrontation took place.

Ms O’GORMAN: Whilst you were in attendance there, did you go into any of the residents’ personal rooms or otherwise find out where the residents were within the buildings?

Mr Strong: My biggest concern when I first got there was the fact that, due to the limited number of staff, it was more of how many patients did we have, where were those patients located and their main safety. I asked a couple of the young females who were nursing staff to group them all into the common area, make sure that they were seated, make sure that they were safe. Then I proceeded to walk down one of the hallways of the nursing home to see what was actually there. I checked on a pan room or a hygiene room on my left, which was stripped. There were no hygiene products in there. Then the first two bedrooms were in various states of no infrastructure in them, just a bed frame. It was varying from there all the way to fully contained rooms with personal belongings.

Ms O’GORMAN: At the time that you arrived, were any of the residents to your knowledge in their rooms?

Mr Strong: From what I could see, they were in various states. Most of them were actually in that common area and others were just walking around the nursing facility.

Ms O’GORMAN: You mentioned a little earlier a fellow by the name of Kristofer Bunker. As I understood it, you mentioned him in the context of being told that he might have been in charge on that day; is that correct?

Mr Strong: Yes. He identified himself as the manager.

Ms O’GORMAN: Can you tell us about your conversations, if any, with Mr Bunker?

Mr Strong: Mainly my first lot of conversation with him was about patient safety, basically how many residents were going to be affected, any immediate medical needs or hygiene needs of those patients. I asked for the medical records earlier.

Ms O’GORMAN: Can I just stop you there. Mr Strong, you have indicated that you asked him for medical records.

Mr Strong: Yes.

Ms O’GORMAN: Were you in fact provided with any medical records for the residents that afternoon?

Mr Strong: I was advised earlier by Telecia that the medical records were on a computer, on a server, and that server had been removed from the premises earlier the previous day.

Ms O’GORMAN: Is it the case that you were able to access any records to assist you in determining the residents’ medical needs on that day?

Mr Strong: Not early in the piece. I asked a young female if she could ascertain any written documentation as to patients’ needs, patients’ information medically or physically. Basically, the first port of call I got was an out-of-date fire evacuation list. Then later on, to the young lady’s credit, she found two black folders with limited information that was able to assist us later on in the afternoon.

Ms O’GORMAN: When you say that you were provided with those two black folders with some limited information, did those folders contain up-to-date details of the medication that each of those residents was required to be given, for example, on 11 July 2019?

Mr Strong: No. Due to the nature of how I actually attained those folders, I did not actually get a chance to have a look at them. I actually handed those folders over to my liaison officer and told her to look after those folders until such time as a representative from Queensland Health was provided with those folders.

Ms O’GORMAN: I take you back to the first inquiries that you made upon arrival at Earle Haven. Did you make inquiries with anyone, and if so who, as to why it was that Queensland Ambulance Service was being called to assist with the relocation of these residents?

Mr Strong: I spoke to both Telecia and Kris and was advised that the place was in administration, the staff had gone, the place was closing and, basically, it was over to me to relocate 69 residents.

Ms O’GORMAN: Having been provided with that information, did you then make any telephone calls to anyone else within the service or, indeed, to HHS to advise about the situation that was unfolding?

Mr Strong: I made an immediate phone call to my director of operation, Chris Draper, to advise him of what I had been confronted with. I instigated a mass casualty action plan to be activated immediately for further assistance from the Queensland Ambulance Service. Once that was put in place, I made a phone call to the HHS, to Paula Duffy, my line of communication on a day-to-day basis, requesting further assistance.

Ms O’GORMAN: To your knowledge, did the Gold Coast Hospital and Health Service that afternoon convene a health emergency operations centre to assist you with logistical requirements around the movement of the residents?

Mr Strong: Yes. Normally, once a mass casualty action plan has been activated, both agencies have a definitive role. We will set up our own infrastructures and then liaise between each other as to what is required from each agency and, basically, look after the safety of the residents.

Ms O’GORMAN: As that afternoon unfolded, did you in fact liaise with the HEOC, in terms of receiving advice and information about what QAS ought to do with the residents on the ground?

Mr Strong: We had a number of teleconferences in regards to that, once the crisis team arrived onsite, basically to explain what we were confronted with and then potentially look at what the forward planning would be. The initial plan was to keep everyone sheltered in place for safety and then ascertain what the feasibility of that was going to be. As the afternoon unrolled, it was deemed that it was too unsafe to do that. The other plan that the HEOC came up with was what we went with—to relocate and evacuate the residents.

Ms O’GORMAN: Did you personally make any inquiries with anyone, any staff member on the ground at Earle Haven, as to whether any staff members would be able to provide appropriate and responsible care to the residents that afternoon?

Mr Strong: I had a registered nurse who was very helpful. She assisted us the best way she could. She came under a little bit of attack verbally from previous and current staff members who were trying to assist. She was very supportive. The young lady and a couple of other young ladies were assisting us with patient care and worked with the paramedics until all the residents were relocated.

Ms O’GORMAN: During the course of the afternoon you have already indicated that you called for further support from Queensland Ambulance Service. Are you able to recall now how many separate units attended?

Mr Strong: I got an initial seven patient care paramedics and I got three supervisors to respond immediately to assist me.

Ms O’GORMAN: You mentioned as well that there was in attendance a medical crisis team. Can you tell the committee who attended as part of that team?

Mr Strong: Karlene was part of the team. There was Dr Hayley, the Senior Medical Officer from the Gold Coast University Hospital, and Nigel Hoy, the infrastructure director from Queensland Health.

Ms O’GORMAN: When you say Karlene, you are referring to Karlene Willcocks?

Mr Strong: Yes.

Ms O’GORMAN: Did you liaise with those people to undertake an assessment of the residents, particularly in terms of their state of health and medical requirements that afternoon?

Mr Strong: Yes, we had a briefing in the car park as to what they were about to be confronted with. We came up with a structured plan as to how we were going to basically work out the situational awareness of what infrastructure was still there, because it was still being removed up until that point in time. Basically Dr Hayley would assist the paramedics with the clinical triage of the residents, Karlene would look at the infrastructure and nursing component of that and Nigel would look at the infrastructure and determine whether it was safe to house the residents in place and what was required immediately and what would be required if we were to go long term.

Ms O’GORMAN: You said just now, as I understand it, that there continued to be the removal of infrastructure while you were undertaking those arrangements. Do I take it from that that people on site continued to remove items from the building while you were there?

Mr Strong: Most definitely. That did not stop until approximately 4.30 or five o’clock, and then the second wave of that was relatives who were coming in to remove residents’ personal belongings. Due to the fact the word ‘administration’ had been used, there was a bit of a panic as to whether or not they would get those items back at a later date.

Ms O’GORMAN: When you first attended, to your knowledge were any family members already there on the scene?

Mr Strong: I believe so.

Ms O’GORMAN: During the course of the afternoon did you have any conversations with a Mr Arthur Miller?

Mr Strong: Yes, I did.

Ms O’GORMAN: Roughly what time did you first have a conversation with him?

Mr Strong: That would have been after the conversation with Kris Bunker. Mr Miller came in and advised me that he was the owner and basically we could leave and it would all be resolved.

Ms O’GORMAN: I am sorry, I did not catch the last part of your answer.

Mr Strong: That ambulance could leave and he would resolve this. He got into a verbal confrontation with Mr Bunker. I left the two parties to have that confrontation.

Ms O’GORMAN: Did you take Mr Miller’s advice at any point in the afternoon and leave the facility?

Mr Strong: Definitely not. I could not—not in that state leaving those residents vulnerable.

Ms O’GORMAN: What reassurance, beyond telling you that you could leave, did he give you, if any, as to plans that he had in place to ensure the health and safety of residents that afternoon?

Mr Strong: He would appoint an administrator.

Ms O’GORMAN: He told you that he would appoint an administrator?

Mr Strong: Yes, and introduced me to the administrator.

Ms O’GORMAN: Do you recall who that person was?

Mr Strong: Ms Karen Heard.

Ms O’GORMAN: Did he tell you anything beyond that he would appoint an administrator as to any concrete plans that he had to ensure the health and safety of those residents that afternoon?

Mr Strong: Not at any time.

Ms O’GORMAN: Did you have a conversation with Ms Karen Heard about any concrete plans she had to ensure the health and safety of the residents that afternoon?

Mr Strong: Yes. Initially she introduced herself saying that she could assist us, which was great. I took that offer up. Later on in the afternoon she met with me and the crisis team. We had a discussion when Mr Miller had introduced her to us that she could fix this and she had the staff to do so. When asked questions as to who the staff were, she could arrange them was basically the only answer. There was no concrete or definitive response in terms of food, hygiene or future safety of the residents. We elected at that time to proceed with the continuous plan to relocate.

Ms O’GORMAN: You mentioned a little earlier that when you looked into some of the residents’ rooms you observed that some of them were stripped effectively down to simply bed frames?

Mr Strong: Mattresses were gone from some of the rooms.

Ms O’GORMAN: Did either Mr Miller or Ms Heard give you any assurances that, for example, mattresses would be able to be returned immediately so that residents could return to their beds that afternoon?

Mr Strong: No, I never had any conversations in regard to that.

Ms O’GORMAN: During any of your interactions with either Mr Bunker or Mr Miller, were there any discussions about financial matters or contractual matters?

Mr Strong: Every time the two gentlemen seemed to get together, that seemed to be the basis of the argument or confrontation as to who owed who money and who was not paying and who was paying. Each time I continued to walk away because my focus was on welfare and safety.

Ms O’GORMAN: I take it from that that they were not topics that you had any interest in that afternoon?

Mr Strong: Definitely not.

Ms O’GORMAN: Did it appear to you that either Mr Miller or Mr Bunker were in a position personally to assist you in understanding the clinical needs of the residents?

Mr Strong: No.

Ms O’GORMAN: As I understand it, as the afternoon unfolded you accepted Mr Draper’s appointment of you as the forward commander for the incident?

Mr Strong: Yes.

Ms O’GORMAN: Could you indicate for the committee what that particular formal role involved?

Mr Strong: Once mass casualty has been declared there are various positions defined. Forward commander is the person who would be put in charge of the total operation. Underneath that person there would be a structured transport officer, triage officer, staging officer all the way down to the operational crews. As further resources are responding there is a chain of command that everyone will follow and there is a direct process that each and every person will follow once that has been established.

Ms O’GORMAN: Were they steps and procedures with which you were familiar prior to 11 July 2019?

Mr Strong: Most definitely. It is part of our training from the day of induction.

Ms O’GORMAN: Do you feel, on reflection of what unfolded on 11 July 2019, that you, and indeed the support that you were given by the other members of the Queensland Ambulance Service, were able to put those procedures into place in an effective way?

Mr Strong: Most definitely, yes.

Ms O’GORMAN: You indicated a little earlier that, although various scenarios and options were explored, to your knowledge, by the HEOC, it was determined that the best course for the residents would be to relocate them to other aged-care services and in one or two instances to a hospital. Do you recall what time, roughly, that advice was relayed to you?

Mr Strong: Initially there were some residents who were relocated to hospital due to medical conditions. That was between about four o’clock and six o’clock. At approximately five o’clock the decision was to relocate. That plan was then implemented due to the fact that the place was already stripped or still being stripped. There were the welfare concerns. Patients had already been transported out due to the environment. It was deemed that there were no medical records, there

were very few to no hygiene products, food had to be brought in and bottled water had to be brought in. It was deemed that it was too unsafe to maintain that environment. It was the unknown due to administration as to what other services were going to cease that night or through the night or early the next morning so the decision was made to relocate.

Ms O’GORMAN: After that time was Queensland Ambulance Service able to marshal its resources to relocate all of those residents?

Mr Strong: Yes, due to lead-up time and the early notifications through our chain of command we were able to start the mass casualty plan, which then involves moving resources towards the Gold Coast. From the north coast, northern Brisbane, southern Brisbane, west Moreton and Ipswich we started to move resources in to support the Gold Coast with this incident but also to maintain business as usual for the rest of the community.

Ms O’GORMAN: Was it Queensland Ambulance Service vehicles that were used to transport each of the residents?

Mr Strong: It was due to a safety factor that most residents were moved by Queensland Ambulance Service vehicles. Some residents were moved by the Queensland Health pool cars. That was due to mobility issues and also safety issues.

Ms O’GORMAN: Can you recall now how many Queensland Ambulance Service vehicles were used as part of the transportation for the residents?

Mr Strong: I would have to take that on notice.

Ms O’GORMAN: Ultimately how long did it take for each of those residents to be appropriately relocated?

Mr Strong: The first patient was transported at six o’clock and the final sitrep I gave for the final patient to be transported away from the scene was at approximately 12.30 that night.

Ms O’GORMAN: Did you remain at the site throughout the time that you have just described to us?

Mr Strong: Yes, for the duration.

Ms O’GORMAN: To have a more detailed look at some of the timings and the incidents that you might have observed, I am going to ask if we could have put on the screen a copy of the Queensland Ambulance Service logs from 11 July 2019 relevant to this incident. I will take you through some of those and ask you whether you are able to explain what some of those entries might mean. That is up on the screen now. Mr Strong, do you recognise the document up on the screen as being the logs relevant to an incident described as the evacuation of the Earle Haven nursing centre, Hibiscus and Orchid houses?

Mr Strong: Yes.

Ms O’GORMAN: Did you personally compile these logs?

Mr Strong: No, I had a senior officer who attended who was put in as my liaison officer. She was advised to start the logs and to start to document my actions and the actions of others around us. That way we had a systematic logging of events that took place on the day.

Ms O’GORMAN: So these were contemporaneous logs being made as events unfolded?

Mr Strong: Yes.

Ms O’GORMAN: Can I ask you please to have a look at the first entry there. There is a reference to the forward commander. Is that a reference to you?

Mr Strong: Yes.

Ms O’GORMAN: You can turn over to page 2 of the logs. In the top entry there at about line 4 you will see the notation ‘Drugs are on scene locked in the drug room. Patients’ drugs are due at 1700 and 2000’. Can you see those?

Mr Strong: Yes.

Ms O’GORMAN: Are they things that you personally observed—that is, that drugs were locked in the drug room?

Mr Strong: No. One of directions I gave to the critical care paramedic was, as he was going through to do a sweep to make sure of patient safety, to also look at the immediate needs of the residents—who needed what medical care immediately and how we were going to provide that and also what other interventions may be required further on in the afternoon.

Ms O’GORMAN: There is a notation: ‘There are three oxygen bottles on scene.’

Mr Strong: Yes.

Ms O’GORMAN: Is that something you observed?

Mr Strong: No.

Ms O’GORMAN: Moving down then, still in that same entry you will see in the last three lines: ‘Kitchen has been cleaned out. Dishwasher disconnected and ready for removal. Washing machines and dryers removed.’ Is that something you observed?

Mr Strong: Not initially when that occurred. As I went back through the facility later on in the night to do a safety sweep to make sure no residents were left behind and we had accounted for everyone, basically the kitchen was empty by that stage.

Ms O’GORMAN: Moving down a little you can see an entry at 3.15. That entry reads: ‘Karen Heard advises she is overseeing all operations. She reports she has arranged catering, fluids, medical, medicine and staff.’ Can I ask you to please clarify the information you informed us of a little earlier. Did Karen Heard or anyone else who was a staff member on the scene on that day in fact provide catering to the residents that afternoon?

Mr Strong: The only catering I was aware of was what was transported into the site by Queensland Health.

Ms O’GORMAN: A little further down at 3.30 pm, still on the same page, you will see a reference to the entry: ‘The unofficial administer Karen Heard advises QAS that everything will be resolved by 1800 today. Does she have the authority?’

Mr Strong: Yes.

Ms O’GORMAN: Were they inquiries that you personally made—that is, whether she had the authority to ensure that everything would be resolved by 6 pm?

Mr Strong: There was a lot of confusion early in the piece as to who owned the place, who managed the place. There was still that arguing going on. Was she the administrator or was she not the administrator? Basically, it was all unknown. We just maintained our normal policies and procedures and managed the site.

Ms O’GORMAN: Can I ask you then to turn over to page 4 of the logs. There are some entries at the top there. Firstly, at 1605 a Queensland Ambulance Service officer arrives in unit—number set out there—single-stretcher unit with power stretcher. Does that indicate the description of the unit that was arriving on the scene at that time?

Mr Strong: Yes. That is the officer’s name and it has been highlighted out and also the operational units and their capacity for the transportation of residents.

Ms O’GORMAN: All right. Similarly, at 1607, does that entry indicate that perhaps two further officers had arrived in a separate unit and the capabilities of that unit?

Mr Strong: Yes.

Ms O’GORMAN: A little further down you might see an entry at 1628.

Mr Strong: Yes.

Ms O’GORMAN: Can you see a reference there to the fact that it seems as though two officers worked to transport a patient who was at that time experiencing chest pains?

Mr Strong: That was one of the residents who was assessed by the paramedics and the senior medical officer who was experiencing chest pains, so he was treated and then transported accordingly through to a hospital.

Ms O’GORMAN: As I understood it, you might have said a little earlier that there was more than one resident transported to hospital.

Mr Strong: Yes.

Ms O’GORMAN: Is that the case?

Mr Strong: Yes, there was a second gentleman who, due to his state of anxiety or agitation, was transported through for his own safety. It was deemed that it was too unsafe to leave him where he was and it was too unsafe to move him to another facility other than to a hospital later on in the evening.

Ms O’GORMAN: At 1635 we can see an entry there that a person from Queensland Health had advised that water, sandwiches et cetera had been arranged from GCUH.

Mr Strong: Yes.

Ms O’GORMAN: Is that a reference to the fact that you had told us earlier that catering had to be arranged by state bodies?

Mr Strong: Yes. Nigel Hoy organised that to be brought in due to the fact that we could not ascertain any on scene, so it was brought in from Health.

Ms O’GORMAN: At 1645 there is an entry that reads, ‘Karen Heard reports nurses here know the patients and are familiar with their needs and care. If they are taken to other nursing homes they won’t know how to care for these patients.’

Mr Strong: Yes.

Ms O’GORMAN: Can I ask you this: if there had been sufficient staffing resources at Earle Haven on the evening of 11 July 2019 such that you were confident that the residents would be looked after in terms of their health, would it have been preferable for those residents to be able to maintain the continuity of their care in the home that they were used to?

Mr Strong: If the infrastructure was in place, most definitely, but, due to the fact that the infrastructure did not support that, just knowing the residents did not mean that you could care for them with hygiene, nutrition, hydration and infrastructure.

Ms O’GORMAN: At 1652 there is an entry there headed ‘Debrief’ and these observations are made: ‘There was no control of the site, unknown who is here regarding staff, family members et cetera, ensure we have drug charts, records, difficulty in replacing equipment that has been taken from site, 50 beds have been identified in local Gold Coast aged-care facilities.’ The observations go over on to the page, but it is sufficient if I ask you: were those observations in fact ones that you personally made on that day?

Mr Strong: I believe so. There were numerous decisions made. The control of the site is basically ad hoc at times due to the fact that our structures were in place, but there were people coming and going and we did not know who those people were—who was family, who were residents and who were carers—and also the drug chart information and patient care information was very limited to nothing.

Ms O’GORMAN: If we could turn over to page 5, could I ask you please to have a look at the top entry. That is a continuation of the entry that we have just been looking at. You might see there in the final bullet point there is the entry ‘QAS FC Cary Strong to invoke the ambulance act and PSPA due to the welfare of these patients’.

Mr Strong: Yes.

Ms O’GORMAN: Is that a reference to the procedures that you in fact engaged and followed that afternoon?

Mr Strong: Yes. Part of the issue was to try to stop the removal of equipment. Under 5.1 of the Ambulance Service Act, part of our powers is to do that. We also need assistance from the Queensland Police Service, who invoke the Public Safety Preservation Act to give us further powers within the complex.

Ms O’GORMAN: We have seen certainly from these logs that you were aware that medications were due for residents at, I believe, 5 pm and 8 pm that night.

Mr Strong: Yes.

Ms O’GORMAN: Did you receive assistance from staff to obtain that medication and review documentation to ensure that the residents were being given the correct medication, the correct dosages?

Mr Strong: We have to comply by their drug policy management. Queensland Health registered nurses actually took on that role once we located the medications, once we could identify that the medication actually belonged to the individual patient, because one of the issues we had is that we could not identify who was who. There were no names on the patients or any types of identification. We had to sift through that first and then make sure that the medication that was being administered was being administered to the right patient at the right time.

Ms O’GORMAN: Were any of those medications psychotropic medications, to your knowledge?

Mr Strong: Not to my knowledge.

Ms O’GORMAN: Moving over to page 9 of the logs, can you see an entry there at 2150?

Mr Strong: Yes.

Ms O'GORMAN: Can you see there that at that time '26 patients to go, 42 already transported'?

Mr Strong: Yes.

Ms O'GORMAN: Is that to your recollection an accurate representation of how things were unfolding by that stage of the night?

Mr Strong: Yes. We actually stopped at that point in time, because part of the relocation was the lessons learned from the movement of the old Gold Coast hospital to the university and also the planning from the old Allamanda to the Gold Coast private. Due to safety, we implemented a lot of those practices and then as we cleared Hibiscus House we had a break. We briefed everyone as to where we were at in regard to the relocation. We listened to everyone in regard to any concerns they had or were about to have when we move across into Orchid, and then just regrouped and had a bit of welfare for our own staff at that point in time.

Ms O'GORMAN: Moving over to the final page of the logs—page 11—can we see an entry there at 0045. That is a quarter to one on the morning of 12 July 2019. That suggests a clean-up and debrief was commencing. Does that indicate that the removal of residents from the facility had been completed by that stage?

Mr Strong: Yes, the final patient was removed.

Ms O'GORMAN: We have access to some photographs that were not taken by Mr Strong on the day. Nonetheless, Mr Strong might be able to identify for us and explain. I do not propose to take him through each of the photographs but, given that we can bring those up on the screen now, I might see if I can take him to a selection and ask him to just explain what they depict.

CHAIR: Thank you.

Ms O'GORMAN: Mr Strong, you can see there on the screen, I think, a photograph with a marking towards the top indicating that it was taken shortly after 1 pm on 7 July 2019 and a further marking down on the bottom right-hand corner indicating 'HH front entry'.

Mr Strong: Yes.

Ms O'GORMAN: Does that photograph depict the sorts of scenes that you saw at Hibiscus House front entry when you arrived, albeit sometime after 1.07?

Mr Strong: No, that is very controlled to what I experienced.

Ms O'GORMAN: All right. We might have a look at the next photograph. We can see there a photograph time stamped 2.22 pm, still on the same day, and a photograph depicting the same scene—that is, Hibiscus House front entry. Clearly, it is very different from the photograph that we have just observed. Are you able to comment on whether that is more consistent with the scene that you saw?

Mr Strong: No, that is still very controlled to what I saw.

Ms O'GORMAN: When you say that is very controlled to what you saw, I am not sure if we have a photograph that is going to show exactly what you saw. Can you describe the difference between what is shown in that photograph and the scene that you saw on arrival?

Mr Strong: During that process there was equipment being removed, there was a multitude of different people removing that equipment, there were a couple of verbal confrontations going on in between that removal of similar equipment, if that equipment, and very chaotic. On the other side, where the gentleman is in the middle of the photo, is the entry into Hibiscus House and there were a number of patients also upset and gathered in that area.

Ms O'GORMAN: We will move then to the next photograph. That one there we can see is time stamped a little later—that is, 3.32 pm. Is that consistent with some of the scenes that you saw around that time?

Mr Strong: Yes, it could have still been removed.

Ms O'GORMAN: The next photograph, please? Again, that photograph shows the front entry of Hibiscus House, this time at approximately 4.46 pm.

Mr Strong: Yes.

Ms O'GORMAN: Again, does that show—

Mr Strong: Yes, all the equipment was well and truly gone by then. The reason we were on the outside is there is a security door just where Nigel—the gentleman with the glasses—is in the foreground. We made sure that that was locked at all times so we would not lose any patients or residents from the facility.

Ms O’GORMAN: The next photograph, please? That photograph is time stamped 10 am on 11 July 2019—so before your arrival—in a room described as the meds room. Is that consistent with the scene that you saw in the meds room when you arrived?

Mr Strong: I did not view that meds room, if that is the one in Hibiscus. I only viewed the one in Orchid later on in the night.

Ms O’GORMAN: I believe there might be one final photograph. That is also a photograph depicting that meds room but at 2205. I take it that your answer applies to that photograph as well—that is, you did not view that room?

Mr Strong: No.

Ms O’GORMAN: Can I return, before I conclude, to ask you some questions about the extent of your knowledge of the resources that were deployed by the Queensland Ambulance Service on the afternoon of 11 July 2019 and moving into the night. I preface these questions with the observation that you may well not personally know about these things, so to the extent that you do not please just indicate.

Mr Strong: Yes.

Ms O’GORMAN: Are you able to say how many first responders ultimately attended at Earle Haven on 11 July 2019?

Mr Strong: Actually attended, I cannot recall, but I do believe there were 32 personnel in total that were basically staged, or responded to the incident.

Ms O’GORMAN: Do you recall now how many actual ambulances attended on 11 July 2019?

Mr Strong: I would have to take that on notice because individual ambulances rotated throughout the operation and there were also a number of vehicles staged at the staging area to respond if we had to require further assistance.

Ms O’GORMAN: Do you know how much the deployment cost the Queensland Ambulance Service?

Mr Strong: I would have to take that on notice.

Ms O’GORMAN: Do you know how many times the Queensland Ambulance Service attended at Earle Haven in, say, the five-year period prior to 11 July 2019?

Mr Strong: No. I would have to take that one on notice, too.

Ms O’GORMAN: Mr Chair, those are the questions that I have of this witness. It might be an appropriate time if there are any members of the committee who have any questions for him.

CHAIR: Thank you, Ms O’Gorman; yes, we will move to questions. I would ask the operator to bring up the Queensland Ambulance Service report at page 1. Mr Strong, you joined, if I have read correctly, 33 years ago—so 1986?

Mr Strong: Approximately, as an honorary.

CHAIR: A very similar start to myself in my previous career with QATB.

Mr Strong: Yes.

CHAIR: Having been a critical care paramedic and having relieved in your role as an operations supervisor, given the call that we heard at the beginning of this hearing and the log and the response that we have gone through, it occurs to me that this was a multicase incident and it took me back in fact to responding to the Cardwell tilt train accident in 2008.

Mr Strong: Yes.

CHAIR: The response from the Queensland Ambulance Service should be commended, and I thank each and every one of you on behalf of the entire committee here and members of parliament. That was a significant response—and again to Queensland Health—in moving all 69 patients over a number of hours. I just wanted to ask you for the benefit of committee members and people watching: in the Forward Command advice in terms of the situation following, you have referenced stand-up of the LACC, HEOC and LDMG. Can you just explain what those mean for the benefit of members, please?

Mr Strong: Stand-up of the LACC is the local ambulance coordination centre. To support myself and the officers on the ground with resources, the local ambulance coordination centre will start looking at what resources we require, what resources we have available on the Gold Coast and what the implications of that are going to be so we do not risk any other member of the community with an ambulance response during this event. There is a whole heap of practices that we put in place. We will look at rostering. We will look at vehicles. We will look at patient care requirements. Also, that centre will link in that if we stand up the state coordination centre for further resources from across the state then there is a direct line of communication and a direct flow of resources to support me on the ground. The HEOC is the health emergency operations centre which Queensland Health, I believe, can talk about with regard to their process. With regard to the LDMG, if this was to blow up in that it required further community engagement, then the LDMG, the local disaster management group, through council would have to be stood up to support us with other infrastructures—other places of shelter, other means of transport if required and other means of supporting those residents and their families if the situation is prolonged.

CHAIR: Thank you very much, Mr Strong, and thank you for your attendance here today and providing the committee with what is, frankly, a disaster response by the members of the Queensland Ambulance Service. We do thank you for your time.

Mr CRANDON: I have just a couple of clarifying points, if I may. Cary, congratulations on a job well done with regard to this whole affair. It clearly was well managed right across the time. I just want to clarify: you mentioned young ladies assisted and you were very appreciative of their assistance. Could you clarify: were they nurses?

Mr Strong: I could not tell you, to be honest. Some were in a uniform, but the uniform changed halfway through the operation, so I do not know who worked for whom. If they had a uniform on of some type or a polo shirt with identification on it, I took them as being current staff or staff who had just been terminated and I used their assistance wherever we could.

Mr CRANDON: But willing to assist, which is great. Did you get a sense at all yourself that staff were being instructed to leave or was it more that they had been told their employment had terminated and so they were leaving? Did you get any—

Mr Strong: I think there was a combination of both. I think there were those that believed that they no longer had any employment and they left. I believe those that were told and were in administration left and others that were just supportive stayed behind to help, knowing that they did not have a job.

Mr CRANDON: You did not see any people or anyone, for example Bunker, instructing staff to leave or anything?

Mr Strong: Not that I recall, no.

Mr CRANDON: Thanks.

CHAIR: Thank you, member for Coomera.

Ms PEASE: Thank you very much for coming in, and again congratulations on a great response, unfortunately under such terrible circumstances. Just to your recollection, do you recall seeing Karen Heard in conversations with Mr Miller at all?

Mr Strong: I think there was a couple of times they had conversations, but that was off to the side of how I was conducting operations for the Ambulance Service.

Ms PEASE: So did Karen Heard appear to be directing staff or any of the people that were there in some sort of position assisting you?

Mr Strong: That was reported to me, but I did not physically witness it.

Ms PEASE: Thank you. No further questions.

Mr McARDLE: Mr Strong, again I congratulate you, as my colleagues have, on the great work that you have done—first responders again coming to the fore across the state. You mentioned the ambulance act and I think you said the APSA.

Mr Strong: PSPA.

Mr McARDLE: My apologies; PSPA. Could you elaborate as to what has to occur before you can authorise the act being put in place and the resources required?

Mr Strong: With the Ambulance Service Act, I can use that at any time to ensure the safety and wellbeing of a patient which allows me various powers to ensure that I can provide that care, maintain that care and any other assistance to that patient.

Mr McARDLE: Could I say then that you would not use it on a regular basis? It would need to be a matter of gravity before you enacted that legislation?

Mr Strong: Most definitely.

Mr McARDLE: Would that also require you to provide a report to a senior officer as to the circumstances that led you to make that decision and the outcome of that decision?

Mr Strong: Yes. When we had one of the briefings, Assistant Commissioner Tony Armstrong was on the other end of the phone. I explained the situation that we were confronted with and I was advised that if I needed to use the act and its powers to do so.

Mr McARDLE: Did you at the end of the matter, if I can use that word, file a written report as to what you had seen or what had happened as a consequence of you enacting the legislation?

Mr Strong: Basically we just maintained the operational logs as per most casualty incident documentation.

Mr McARDLE: You mentioned that Mr Miller was on the scene.

Mr Strong: Yes.

Mr McARDLE: Did he arrive on the scene after you or was he there before you arrived, to your recollection?

Mr Strong: I do not recall whether he was there before me.

Mr McARDLE: That is fine. Did he stay on the scene?

Mr Strong: He stayed until such time as I had a Queensland police officer have a discussion with him and then he left shortly after that discussion.

Mr McARDLE: Did that conversation start as a consequence of what you said to the police officer?

Mr Strong: It was reported to me that his presence was upsetting some of the staff. I explained to the police officer that, due to the environment and patient safety, it would be advantageous if Mr Miller ceased to walk through the facility.

Mr McARDLE: So you were concerned about his interaction with staff and patients as well that led you to that conversation?

Mr Strong: That was what was reported to me—that it was a bit upsetting for some of the staff for him to be there.

Mr McARDLE: Are you able to classify or describe his demeanour on the occasions that you saw and spoke with him or saw him interact with staff or residents of the facility?

Mr Strong: He appeared to be very sombre. It just appeared that he was just walking around, not doing much to be honest—just walking around the residence.

Mr McARDLE: The next question then is: did he participate in assisting either yourself or the relevant HHS personnel in caring for patients?

Mr Strong: Not that I ever witnessed.

Mr McARDLE: Okay. Did he help you in understanding where the computers may have been taken that contained the medical records?

Mr Strong: No.

Mr McARDLE: Can I categorise the fact that Mr Miller virtually did nothing to assist the situation on that date, or is that too strong an observation?

Mr Strong: It would be very strong, but I do not think you would be far off.

Mr McARDLE: Okay. What about Mr Bunker? Did he—

Mr Strong: Very helpful. I asked him for assistance with the patient care records, but he advised me that he could not because they were on a computer. Any other assistance or any other questions I asked him, he answered.

Mr McARDLE: And he was quite willingly open to a discussion in providing that help?

Mr Strong: Yes.

Mr McARDLE: Good. You would have made an assessment of the residents upon your arrival, backed up by relevant personnel as the afternoon went on.

Mr Strong: Yes.

Mr McARDLE: Leaving aside their frailties by way of age, would you say the patients were distressed, very distressed or greatly distressed by what they were seeing going on around them?

Mr Strong: The ones that could cognitively understand what was going on around them or could not were distressed. With regard to other residents, unfortunately due to medical conditions I could not honestly say whether that was their usual state or whether this was agitating their current state.

Mr McARDLE: I think you said—I want to clarify in my mind—there were 69 residents transferred to the hospital either that afternoon, early evening or late evening; is that right?

Mr Strong: Not to hospital but to various other nursing facilities across the Gold Coast.

Mr McARDLE: Right. How many were taken to the Gold Coast hospital or other HHS facilities?

Mr Strong: That would have been three.

Mr McARDLE: Three, so 63 went to other facilities outside of state-run facilities?

Mr Strong: Yes.

Mr McARDLE: Okay. You mentioned also in evidence to the royal commission that there was an argument between a number of staff.

Mr Strong: Yes.

Mr McARDLE: Do you know what that argument was about?

Mr Strong: It was over employment. It was over money. It was over patient care. And it just seemed to go around and around in a circle, and that was at the main entry point as I walked in.

Mr McARDLE: Are you able to identify who those staff members are?

Mr Strong: Not offhand, no.

Mr McARDLE: Okay. So it seems to me—if I am wrong, let me know—that the overwhelming concern, leaving aside the medical staff and Mr Bunker, was money?

Mr Strong: That was the basis of his whole argument on the day—that is, who was paying who and who owed money to who between Mr Bunker and Mr Miller.

Mr McARDLE: Whilst that was taking place, were the residents in visual sight of these arguments?

Mr Strong: Most definitely.

Mr McARDLE: As a 33-year veteran, if I can use that word, you would say that, given the frailty of the residents, that would have added to their distress as well?

Mr Strong: Most definitely.

Mr McARDLE: The fact that they were having their homes stripped would also add to their distress?

Mr Strong: Yes.

Mr McARDLE: Did you identify the man in black that you referred to, I think, at the royal commission as a large man as to who he was?

Mr Strong: Yes, but I do not recall who he was. He was never introduced to me, but he was the person who was facilitating the removal of what items as to when and to what truck or ute.

Mr McARDLE: You also referred at one point in the royal commission to a staff member being concerned that they would punch her in the head.

Mr Strong: Yes.

Mr McARDLE: Could you give me some background to that?

Mr Strong: When I first requested for patient care records or any other type of identification lists, the young lady accommodated and she went through both facilities. She came back. As I came out of one of the briefings and teleconferences that we had, she was positioned in the front foyer. She had the two folders and a set of keys. She went to give me the folders. I asked her to wait. She positioned herself between two police officers and she made the statement that, 'I have to give you the folders because other staff or persons wanted to punch my head in for these folders,' so I took the folders off her, thanked her and handed them across to my liaison officer.

Mr McARDLE: Did you find out who she was in the end or her role in the facility?

Mr Strong: No. I took it as a semi management role due to the clothing she was wearing.

Mr McARDLE: Somebody who cared?

Mr Strong: Most definitely.

Mr McARDLE: It seems to me from the evidence you have given that when you arrived boxes were being moved, furniture was being moved. Is it the case and is it your opinion that the computers had gone by the time you arrived?

Mr Strong: Most definitely. I was told they were gone by the time I arrived. They had been removed the day before.

Mr McARDLE: The day before?

Mr Strong: That is what I have been told.

Mr McARDLE: Who told you that?

Mr Strong: I asked Mr Bunker or Telecia. It was in a conversation I had with either one of those two parties because I asked for the records.

Mr McARDLE: Did Telecia assist you with the care of the residents?

Mr Strong: She assisted me with any information I required and requested, but not in any patient care role that I can recall.

Mr McARDLE: As clinical manager, she did not take any active role in relation to—

Mr Strong: Not that I witnessed, unless she assisted the paramedics that were on site.

Mr McARDLE: Thank you, Chair.

CHAIR: I have a couple of supplementary questions, Mr Strong. How clinically challenging was it to treat the patients who were there? You talked about someone dragging the catheter bags, so I imagine he had an indwelling catheter. On the log you have mentioned someone needing insulin, someone having chest pain. Were there any palliative care patients located there?

Mr Strong: Not that I recall. There were a couple of bedridden patients that would have required intensive support, but no-one that was being ventilated or anything like that.

CHAIR: In the mix you have 69 patients with degrees of care that were needed. How challenging was it not knowing their medical history and not having access to medication and/or records to responding staff?

Mr Strong: It is hard enough doing one patient when you do not know the background and when you have no-one who can assist you in that background, but to have 69 with the resources that we had onsite initially was very confronting, and that is why I said to each officer as they came in, 'The brief is welfare and safety until we get further resources.'

CHAIR: Thank you. I would ask if we could bring back those photos of the front. I think it was the third one down that shows a man in a suit. Is that Mr Miller with the two gentleman with the green shirts?

Mr Strong: It appears to look like him, but whether it is or not I could not definitively tell you.

CHAIR: Are they food trolleys to the left near the door? Were they typical of what you deliver food in?

Mr Strong: They look like catering trolleys.

CHAIR: Thank you very much, Mr Strong. Supplementary questions?

Ms PEASE: During questions from counsel you said that you do not recall attending Earle Haven in the past, only for patient transport. Are you aware if there were any other visits from the service on the Gold Coast to or from Earle Haven?

CHAIR: I think that has been taken on notice.

Ms PEASE: Has that been taken on notice? Are you going to provide that information on notice?

Mr Strong: Yes.

Mr McARDLE: Mr Strong, can you advise how far from Earle Haven residents were transported to on that evening or following morning?

Mr Strong: The furthest one would have been to Pimpama, which is the nursing facility up there. The majority were transported to Nerang Nursing Centre and then other nursing centres around Southport.

Mr McARDLE: Pardon me: I am from the Sunshine Coast. How far would that have been between Earle Haven and Pimpama?

Mr Strong: Approximately the same distance as halfway between here and Springwood.

Mr McARDLE: That is some distance.

Mr Strong: Yes.

Mr McARDLE: That would have been distressing in itself for a resident to be taken from their home into a new environment.

Mr Strong: Yes.

Mr McARDLE: Do you know if they were there for a lengthy period of time—that is, the residents?

Mr Strong: My understanding is that no resident has returned back to Earle Haven at this point in time.

Mr CRANDON: In relation to computer records, you have indicated that Mr Bunker advised you that the computers were removed the day before. The computers have medical records in them. Did it alarm you to think that the medical records of 69 patients had been removed not on the day, not just in the last five minutes, but the previous day?

Mr Strong: To have no patient care plans for any resident is alarming because how does the next person who comes in who does not know the resident treat them or be able to manage them accordingly due to their medical or cognitive processes?

Mr CRANDON: Did you get a sense from Mr Bunker's comment about the computers being removed the day before that it was under his instruction or that it was under perhaps Mr Miller's instruction? In other words, who perhaps may have owned the records and the computers—the service provider or Mr Miller?

Mr Strong: As I said, it was very confusing for the majority of the time that we were there as to who owned what, who managed what and who was in charge of what.

Mr CRANDON: So Bunker did not indicate to you that he had instructed the computers to be removed?

Mr Strong: No.

CHAIR: If there are no supplementary questions, I am very interested in seeing what the deployment cost to the Queensland Ambulance Service was, and I know that has been taken on notice. We do require answers to questions taken on notice to be returned by 16 September. That is the same day we will have Mr Miller in, so we would very much appreciate if they could be returned on the morning of or the day before—potentially the 15th, or as soon as possible. That will help us in our investigation with Mr Miller. Mr Strong, thank you very much for your attendance today. I think we might break and adjourn for 15 minutes.

Ms O'GORMAN: I can indicate that, given how comprehensive Mr Strong's evidence has been this morning, the evidence to be taken from the next two witnesses will be in much shorter compass. I am just letting you know that so that there is not so much to go when we resume.

CHAIR: Thank you very much. We will adjourn for 15 minutes.

Proceedings suspended from 10.34 am 10.50 am.

CHAIR: I understand there is a document from Queensland Health titled 'Earle Haven Retirement Village evacuation: Queensland Health debrief meeting' that you would like to table. Is leave granted? Leave is granted. Thank you, Ms O'Gorman?

Ms O'GORMAN: As foreshadowed before the break, given the comprehensive nature of the evidence given already by Mr Strong, it is anticipated that at least the scope of my questioning for the next two witnesses will be far shorter. The purpose of the evidence that both Mr Calvert and Ms Willcocks can give this morning is to flesh out and explain in a little more detail the response of Gold Coast HHS that Mr Strong has already referred to this morning.

CHAIR: Before you start, procedurally, with that document I have just mentioned to members, can we also seek leave to publish that. Is leave granted? Leave is granted. That is published.

Ms O'GORMAN: If it is convenient to the committee, I will commence by taking the evidence of Mr Calvert. Mr Calvert, your full name is Mr Ron Calvert?

Mr Calvert: Yes.

Ms O’GORMAN: You are the chief executive officer of Gold Coast Hospital and Health Service?

Mr Calvert: Yes.

Ms O’GORMAN: Were you in that position on 11 July 2019?

Mr Calvert: Yes.

Ms O’GORMAN: In fact, how long have you been the chief executive officer of Gold Coast HHS?

Mr Calvert: I was appointed on 1 October 2012.

Ms O’GORMAN: Prior to 11 July 2019, did you, in your role as CEO of the Gold Coast HHS, have any reason to be involved in compliance matters at Earle Haven?

Mr Calvert: No.

Ms O’GORMAN: Had you personally had any involvement with any of the staff or management personnel at Earle Haven prior to 11 July 2019?

Mr Calvert: No.

Ms O’GORMAN: We understand that you were significantly involved in the response by Gold Coast HHS to the unfolding events at Earle Haven on 11 July 2019. What I wish to do now is ask you some questions so that we can understand that response in a little more detail. You were working on 11 July 2019?

Mr Calvert: Yes.

Ms O’GORMAN: We understand that at some time after two o’clock that afternoon you and others were notified by the Queensland Ambulance Service that there was an event unfolding at the Earle Haven facility; is that correct?

Mr Calvert: Yes.

Ms O’GORMAN: At least when you were first notified of the events, the information that was relayed to you and others at HHS was relatively sketchy and limited?

Mr Calvert: Yes. Do you want me to expand on that or do you want to take me through it bit by bit?

Ms O’GORMAN: If you could tell us a little bit in your words about your recollection of the first time you were notified of the events that were unfolding that day.

Mr Calvert: It was around about quarter past two that day. I was told that a code brown had been called. That is part of our emergency preparedness continuity plan. The code brown process requires us setting up something called a HEOC, a health emergency operations centre. Under the Disaster Management Act 2003 I am responsible for appointing a health incident controller. In this instance that was the acting chief operations officer, which is Patrick Turner, who unfortunately is not available today. My role as chief executive is to support that process in whatever way necessary in order to allocate resources, liaise with the board and communicate with the community, if necessary, usually through the media, and generally help ensure that the process runs smoothly.

Ms O’GORMAN: Before you continue, can I ask you some clarifying questions about your reference to the code brown that was declared that day. Firstly, was that done in direct response to the advices provided to you or HHS more broadly, from the Queensland Ambulance Service?

Mr Calvert: Yes, it is triggered by the ambulance call.

Ms O’GORMAN: Is it something that relates to incidents which are external to the Gold Coast HHS facilities which may significantly impact upon the resources of the Gold Coast HHS?

Mr Calvert: That is exactly right. It is an external emergency of sufficient scale to warrant that kind of scale of response.

Ms O’GORMAN: As a result of the declaration of that code brown at about 2.15 that afternoon, was it the case that the Gold Coast HHS stood up, as it were, the health emergency operations centre?

Mr Calvert: Yes, and the first meeting of that was held at I think about 2.30.

Ms O’GORMAN: At about 2.30?

Mr Calvert: Yes.

Ms O’GORMAN: So very shortly after the code brown was declared?

Mr Calvert: Yes.

Ms O’GORMAN: You were present at that first meeting?

Mr Calvert: Yes.

Ms O’GORMAN: As I understand it, a large number of personnel from Gold Coast HHS were present. I do not require you to list off those names, but could you give us an understanding of exactly how many personnel were part of that meeting?

Mr Calvert: Basically all of the managers and senior clinicians involved in the code brown response. Karlene Willcocks to my left was present. Paula Duffy was there as executive director of the medical services. We had representatives from the emergency department and people there to liaise with the bed base. There were some ambulance personnel there. About 15 or 20 people in total.

Ms O’GORMAN: Is the purpose of the HEOC, as I will refer to it, to provide a control and command centre to manage and resource events of the kind that were unfolding on 11 July?

Mr Calvert: Exactly.

Ms O’GORMAN: In terms of the first meeting held then by the HEOC at approximately 2.30 that afternoon, can you tell the committee, please, what the first priority was that was addressed?

Mr Calvert: There was still a lot of confusion about exactly what we were dealing with. We had only had the first call quarter of an hour earlier. You have heard the phone call saying that a fairly significant aged-care facility had gone into administration. That is what we were told. We were not sure how many of the residents were impaired cognitively. We were told initially there was a high proportion of patients with dementia and there were mobility issues as well. We were told, and the numbers varied a bit, it was in the high sixties.

Ms O’GORMAN: Did anyone to your knowledge at Gold Coast HHS receive a telephone call or other communication from either Arthur Miller or Kristofer Bunker that afternoon?

Mr Calvert: Not to my knowledge.

Ms O’GORMAN: Or indeed any member of staff actually working at Earle Haven?

Mr Calvert: No, but because it was clear that we needed to establish more facts about what the situation was on site, the first thing we did was dispatch a team to the Earle Haven facility to make sure we knew exactly what was going on, because there was a lot of confused messages going around.

Ms O’GORMAN: Can you tell us please who that team was made up of?

Mr Calvert: Karlene, the executive director of diagnostic and subspecialist services, was there; Nigel Hoy was there. He is a sort of director of facilities. We sent an emergency department doctor, Hayley Frieslich. There were a number of nurses—about six nurses I think—sent there as well and later on we sent other staff in the course of the afternoon.

Ms O’GORMAN: We have heard from Mr Strong this morning that the Queensland ambulance personnel who attended at Earle Haven that day liaised with the team that you have just described, once they arrived, to try to assess and best meet the needs of the residents at the facility. Was that your understanding of what was occurring that afternoon?

Mr Calvert: Yes. Karlene can give you a detailed description of what was found onsite and what factors impinged upon us to make us form the view that it was not viable as a site, going forward, to look after those patients.

Ms O’GORMAN: Thank you. Was it the intention from the outset of the Gold Coast HHS that there would be a coordinated response by that organisation and the Queensland Ambulance Service so that the residents’ needs could be prioritised and best met that afternoon?

Mr Calvert: Obviously we would coordinate with the Ambulance Service in anything we do, but there were three main scenarios at that first meeting that we had to consider as options.

Ms O’GORMAN: Can I ask you—and I apologise for cutting you off: was the first of those scenarios to consider whether, in the circumstances which were present at Earle Haven that afternoon, the residents could be safely and appropriately treated and managed and kept at the facility, rather than moving them on?

Mr Calvert: The prime consideration for us was always going to be the safety of the residents. The first of those three scenarios I was talking about was: could we keep the home going in some way, even if it was only for a few days until some better arrangement could be found? Personally, that was my preferred course of action if we could have achieved it because the two alternatives were

difficult. The two alternatives were finding up to 70 beds in neighbouring nursing homes—and I had no idea at the beginning how many vacant nursing home places were available on the Gold Coast. Was it five, 10 or zero? I had no idea. For that reason we also asked for the SHECC to be stood up, which is the State Health Emergency Coordination Centre, because we needed to check whether there were nursing home beds further afield if we could not come up with enough in the Gold Coast.

If no nursing home beds were available anywhere else, the alternative was finding beds in the hospital itself. That would be a real problem, from our point of view, because finding 68 beds, as it turns out—we were told initially 70 beds—in a very, very busy acute hospital is a difficult thing to do.

Right at the outset, in case that eventuated we asked the emergency department to liaise with the medical staff throughout the hospital to start clearing beds and clearing space in the emergency department should we need to use that as a first-receiving area for the patients who we would have to assess and see exactly what their mobility was, what their cognitive impairment was, what their drug requirements were and all the rest of it.

Ms O’GORMAN: Even those preliminary inquiries that you have just described now with the emergency department, would they have involved a disruption to the services that could be offered by the emergency department?

Mr Calvert: Obviously we do not have 70 beds sitting vacant in the hospital, waiting to be occupied by a situation like this. We do not have space. Routinely, more than 300 patients per day turn up at GCUH and often a couple of hundred turn up at Robina as well.

The bed base in hospitals would have to be stretched to accommodate that kind of level of patients, so that was my least preferred outcome. Not only that, it is not a case that the patients would just be in there and 70 beds swallowed in one afternoon; it is then a question of how long would they be in those beds? So it is not just suffering a 70-bed shortfall in capacity for that afternoon; it is the next day and the next day and the next day. Particularly with dementia patients, it can take weeks and months to find a placement for them. Taking them into the hospital would be a major step and an absolute last resort.

Ms O’GORMAN: You have described in some detail for us, then, each of the three scenarios that you considered needed to be given some thought that afternoon. Were they in fact all hashed out, in terms of the pros and cons of each scenario, at that first meeting that you have described?

Mr Calvert: There is a sort of natural priority order, if you like. The least favoured option was admitting them into hospital beds, but that was the one that required the most immediate action because those beds were not empty right then and there. We had to send doctors through the wards to see who we could transfer, who we could safely discharge home, who we could arrange alternative care provision for and how we could create space in the emergency department as a receiving area. We set in train all those actions and at the same time considered the other two options as well.

Ms O’GORMAN: With the consideration of the other two options, the second one that you described was investigating whether there would be other aged-care services that might be able to accommodate these residents. Did you or the HEOC meeting jointly commence investigations to see whether there were in fact other services which could accommodate these residents?

Mr Calvert: Yes, we set up a team of social workers—I cannot remember how many; it was at least six but it might have been a lot more—to quickly ring around all the nursing homes we could contact to see what space they had available. At the first subsequent meeting of the HEOC it was apparent that there were dozens of beds available locally in other nursing homes, so that was potentially going to be an option. It was a figure of 50, I think, was the first call. At that point we asked the SHECC to do the same thing in Brisbane, if we had to go further afield to find beds. Obviously it is not desirable, from the point of view of the patient or their family, to be housed that far from where their home is in Nerang, but if we had to we were willing to do it. They were seeing what was available in the Brisbane area. By the time they came back to us—there were beds—we had then established that there were enough beds in the Gold Coast area to take all the patients from Earle Haven.

Ms O’GORMAN: You have described for us the sorts of investigations that the HEOC meeting undertook in respect of options 2 and 3. Do I take it that the meeting also then liaised with both personnel from Queensland Ambulance Service and also the team that you had deployed to Earle Haven over the course of that afternoon to ascertain whether or not it would be safe for the preferred option—your first option—to be acted upon?

Mr Calvert: Yes, we did exactly that. It was important to establish just how viable the site was and what could be done to keep it going. I set things in motion within the hospital to see if there were ways—I had heard, by that point, that some staff, even though they were apparently no longer being

paid, were staying on, which was obviously commendable. I asked the question: could we set up temporary contracts or something so that we could take them into our temporary employment so that they could get paid and we could rely upon them? We did not necessarily have that many staff available to just pluck out from what they normally do and redeploy them to there, so that would have been extremely helpful. Obviously there are questions about police checks and other things—our normal processes—but I asked the question.

I did not need to consider that, though, because before the answer came back about what those sorts of practicalities would involve, it was very apparent from Karlene's account and Nigel's account at the site that there was absolute chaos: no medical records available, a shortage of food, basic liquids for hydration, it was not clear what drugs there were. We could not even identify the patients. Even the telephones were being taken away. It all seemed to reinforce the original message that they had gone bust, and this seemed to be administrators coming in and asset stripping, if you like, so that they could sell for whatever they could get.

The situation was further confused by—I do not know who—a lady on site who described herself as the administrator. It was not clear to me whether that meant the liquidator or a manager. When you talk to Karlene in a few minutes, I am sure you will get a graphic account of how chaotic the site was and how unsafe it was.

Ms O'GORMAN: As you have indicated, that information was being fed back to you, either through Ms Willcocks or through other people who were on the ground but liaising directly with those who were back at—

Mr Calvert: Yes. The HEOC met hourly from about half past two through to gone midnight. Karlene and the others who were onsite were taking part in those HEOC meetings by phone. Of course, SHECC was joining us by phone as well from Brisbane.

Ms O'GORMAN: During the course of the afternoon were you informed that Queensland Ambulance Service personnel had assumed control of the site by way of acting under the Ambulance Services Act?

Mr Calvert: Yes. The initial reports we were getting back from the team that we deployed to the site were that their authority to make any decisions or actually physically move any patients was not legally there and we would be challenged if we tried to do so, which meant that we could not really act until we had that legal authority. I forget what time it was, but it was about four or five o'clock by the time we actually had that in place and then we could start moving the patients out.

Ms O'GORMAN: Can you recall what time it was that the team made the decision that it would not in fact be feasible for the residents to stay at the facility that evening and did in fact have to be moved?

Mr Calvert: The exact time will be in the log of the HEOC minutes, but it was quickly apparent. Certainly it was within a couple of hours.

Ms O'GORMAN: By that time had the HEOC team been able to confirm that there would be places available at various aged-care services that the residents could be moved to rather than being admitted through the hospital itself?

Mr Calvert: Around about the same time, yes.

Ms O'GORMAN: We have heard evidence already from Mr Strong, earlier this morning, about the fact that a small number of the residents did in fact need to be admitted to hospital, not because that was considered an appropriate place for relocation or reaccommodation but because of particular medical conditions that those people suffered. Was the HEOC team advised about the need for a couple of residents to be hospitalised?

Mr Calvert: As it happened, we were told—I think one patient was transferred with chest pain to Robina. I seem to recall hearing about another patient later in the afternoon, but I cannot remember.

Ms O'GORMAN: You indicated that the HEOC team met hourly as the events unfolded. Were you part of each of those meetings that were held?

Mr Calvert: Yes. I stayed until the relocation operation was nearly complete. I cannot remember exactly what time, but it was not all the way through. It was about half past 10 or 11 when I left.

Ms O'GORMAN: Did the HEOC team have any part to play in advising the residents' next of kin about what was happening to their loved ones?

Mr Calvert: Yes, absolutely. When we knew that we were going to have to transfer the patients, we set up a helpline. The media was onsite and we knew that it would be all over the news very quickly. One of the things we had to do was reassure the community that things are under control. The other thing, of course, was to reassure relatives—make them aware where their loved ones were being taken, what was happening with their belongings and so forth. We set up the helpline, but we also set up a team of social workers to actively contact the next of kin, once we had that information available. About halfway through the afternoon we did get details of the patients. It was a bit difficult because there was no photo ID for some of them, but we at least knew the names and we had the contact details. We started proactively ringing relatives to explain what was happening in the situation, initially telling them that they would be moved and then afterwards telling them where they had gone and what liaison arrangements needed to be made.

Ms O’GORMAN: Was it the 15 to 20 members of the HEOC meeting that undertook that activity, or did you have to engage other people within Gold Coast HHS to do that?

Mr Calvert: No, other people. When I say a team of social workers, there is a core team who were there to respond and take control of the incident and coordinate the hospital’s response to the incident, but of course they go back to their teams. One of the managers went back to a team of social workers—there were about 12 social workers. I wrote thank you letters to the staff who were involved that night and it was well over 100.

Ms O’GORMAN: When you say ‘well over 100’, you are talking about well over 100 personnel from Gold Coast HHS who were involved in the events of 11 July 2019?

Mr Calvert: Yes. When I say ‘well over’, I mean like 105 or 110—something like that.

Ms O’GORMAN: It would be of assistance if the committee could be provided with some information about the deployment costs and resourcing costs involved in the response via the Gold Coast HHS. Can I ask whether that sort of information is information that you have readily available at your fingertips today, or whether it is something that you would be able to obtain in the near future?

Mr Calvert: Not today, but I am sure we could give an estimate.

Ms O’GORMAN: Thank you. It occurs to me, Mr Chair, that it might be useful at this time if we were to take some complementary evidence from Ms Willcocks now before committee members asked any questions, given that I think Ms Willcocks is going to be able to expand on some of the matters that Mr Calvert has told us about. Would it be convenient if I was to take some evidence from Ms Willcocks now?

CHAIR: Thank you.

Ms O’GORMAN: Mr Calvert, thank you for that. I will now turn to asking some questions of you, Ms Willcocks, about the matters that have already been referred to by Mr Calvert. Can I start by asking you to confirm that your full name is Karen Willcocks?

Ms Willcocks: My name is Karlene Willcocks.

Ms O’GORMAN: I am sorry, Karlene. And you are the executive director of Gold Coast HHS?

Ms Willcocks: I am one of the operational executive directors. My portfolio is diagnostic and subspecialty services.

Ms O’GORMAN: Thank you. We have heard already from Mr Calvert that you were present at the first meeting convened by the HEOC group on 11 July 2019. Is that your recollection?

Ms Willcocks: Yes, I received an external code brown notification at 2.15 on 11 July and attended the HEOC meeting that was aligned with that call at 2.30. That meeting was the first point of contact I had with understanding what the external code brown was.

Ms O’GORMAN: After becoming aware of what that code brown was, do you now have a recollection that at that meeting there were some preliminary discussions around the matters that Mr Calvert has already given evidence about—that is, which of three potential possible scenarios might be the one which would be ultimately acted upon for the residents?

Ms Willcocks: We were given an overview of the situation and how the situation had been notified to us. Obviously, in a code brown we have some standard procedures that occur within the hospital. They are an internal response to an external event—that is, we operationalise our medical teams to discharge all possible patients and we also hold all our morning staff at that point in time. We were coming up to a shift change. We hold all our morning staff from all areas, so people on the ward areas, the units that would be going off shift, all our operational support staff, get held to support any external emergency that we may need additional staff for. For all staff across the organisation, before we went into HEOC, we operationalised that action.

In the HEOC, we were advised what the situation was. Obviously, with that situation at the time, there was the risk that patients may be transferred into the hospital—we were not clear—so those staff were held with the future prospect that they would be released once we had a clearer understanding of what was going on. During the HEOC meeting, Cary was on the phone and provided as much information as he could. He had previously to the meeting requested some support from the hospital which included a team of nurses, which had been deployed at that point. The HEOC identified that an executive with a team needed to go out to the site to do a further investigation with a priority of keeping the residents safely on site if at all possible. That was absolutely my priority given to me and absolutely what Nigel, Hayley and I went out looking to do.

Ms O'GORMAN: Do I take it from what you have just told us now that you were the executive deployed to Earle Haven that afternoon?

Ms Willcocks: That is correct. I was asked to attend to Earle Haven with Dr Hayley Frieslich and Nigel Hoy, our senior director for logistics really.

Ms O'GORMAN: Can you recall now approximately what time you arrived at Earle Haven?

Ms Willcocks: We arrived at approximately 3.40 pm. We were met in the car park by Cary.

Ms O'GORMAN: Thank you. We have heard, as you are well aware, from Mr Strong already about the sorts of scenes that confronted him before you arrived and that were also still unfolding at about 3.40 pm. Without traversing in detail the evidence that Mr Strong has already given, would you be able to describe for us in your words the matters that you observed when you arrived just before four o'clock?

Ms Willcocks: The site was chaotic when we arrived. As we arrived, we walked in, a fridge walked out. The equipment was leaving past us as we arrived in the door. It was confusing. There were a lot of people milling around. It was unclear who the people were. There were people at the desk to the left that you saw in the earlier photos, but there were also a large number of people at the desk just outside the pharmacy room that you had the photos of, and then a large number of people in the lounge/dining area. There were also people in the foyer. On talking to Cary, he also was unclear. The people were coming and going. Whilst we had the door set on lock, it was not a locked facility so people were entering and exiting through that door as an egress for multiple reasons.

Ms O'GORMAN: It seems from something that Mr Calvert told us a little earlier that you might have had a discussion with a woman by the name of Karen Heard once you arrived. Do you recall meeting someone by that name?

Ms Willcocks: Later on in the time that I was there probably. We arrived and had a quick look through the facility because we had another HEOC meeting at four o'clock to attend. I think just after the four o'clock meeting Karen Heard, a lady in red, introduced herself to me as Karen Heard. She stated she was the administrator but that she was a registered nurse. At that time I was unable to find on AHPRA something that matched that, so we were unclear if she actually was a registered nurse. That was one of the clarifications of challenge for us in this situation—we did not know what qualifications, what registrations, people had to deliver care in this site either. I met Telecia soon after I met Karen, and we were able to ascertain she was a registered nurse on the AHPRA site.

Ms O'GORMAN: Do you recall meeting and having any conversations with either Arthur Miller or Kristofer Bunker?

Ms Willcocks: Arthur Miller was out the front. When I spoke to Telecia, she identified that Miller Enterprises was the owner of the village under the banner of 'home care' I think, but that HelpStreet had been looking after the place and had left. There was some conversation about monetary issues that did not relate to what I needed to assess at the time, and was quite confused. I was quite unclear as to where that was up to or what the situation actually was, other than we had been told there were administrators and, as I said, Karen introduced herself as the administrator.

Ms O'GORMAN: Did you have any discussions with Mr Miller about matters relating to the clinical care of the residents as opposed to monetary matters?

Ms Willcocks: No. Mr Miller was outside. I was never introduced to Mr Miller. I knew who he was because someone had told me who he was. The only conversation at any point in time I had with Mr Miller was when we were trying to move patients and he had moved into the area where we had the staff documenting, and I actually asked him to move out because it was very busy in there and we did not have space to work. That was my only conversation with Mr Miller.

Ms O'GORMAN: What about Mr Bunker then? Did you personally have any conversations with Mr Bunker?

Ms Willcocks: I at no point in time met Mr Bunker.

Ms O’GORMAN: You have mentioned Telecia. Are you able to tell us about the sorts of conversations you had with that person?

Ms Willcocks: Karen advised me she was the administrator. She also advised me that they did not need help and they had help coming. Telecia was at the front desk—in the foyer area that there were photos of—most of the time that I spoke to her. She provided me the evacuation lists. They were the only things she was able to provide me at the time but also was helpful in providing advice of what was going on as far as she was understanding.

Ms O’GORMAN: Thank you. You said at the first part of that answer that you had a discussion with Ms Heard—and I am paraphrasing but I hope I understood it correctly—where she told you that everything was effectively under control. Did she provide any detail or explanation about what everything being under control would look like?

Ms Willcocks: She told me staff would be arriving. There was no evidence of that and we did not see any evidence of further staff arriving in the time that we were there.

Ms O’GORMAN: How long were you there for?

Ms Willcocks: I was there until approximately 11 o’clock at night, at which point I handed over to the other executive director for Gold Coast health who took over the oversight of the evacuation of the second unit, which was Orchid. At that time, I transported with another registered nurse the S8 medications back to our pharmacy so that they were secured from the Hibiscus unit.

Ms O’GORMAN: We have heard evidence already about the fact that there were large items—you have indicated a fridge; there has been a reference to mattresses—being removed from the facility. Are they things that you personally observed?

Ms Willcocks: Absolutely. At the time we had the first HEOC meeting at 4 pm, we were in a patient room down the corridor on the photo to your right that had direct vision out to the car park. During that HEOC meeting, we only had a bed in the room so we were standing up around a mobile phone and we actually looked out the window and observed mops, buckets, kitchen equipment and linen bag holders being moved out to the removal truck.

Ms O’GORMAN: Who did it appear to you was involved in the removal of those items? Did it appear that they were staff members from the facility or contracted removalists?

Ms Willcocks: There were two distinct kinds of clothes the people were wearing. One were the men we saw in the photos with the hi-vis on and the other people that were moving equipment appeared to be dressed in chefs outfits.

Ms O’GORMAN: Did you personally have any conversations with any of those people?

Ms Willcocks: No

Ms O’GORMAN: We have also heard evidence today that computers or servers had been removed from the facility perhaps even prior to 11 July. Is that something you were personally aware of as the afternoon unfolded?

Ms Willcocks: I was aware that computers had been removed because I was told there were no patient records. When the social workers arrived on site, we did manage to identify hard copy files which were out of date, but that is what we used to go through—the social workers actually went through with some of the nurses to get the next of kin details out of those.

Ms O’GORMAN: Can you explain for us please to what extent your work and those in your team at Earle Haven was complicated and made more difficult by the fact that there were no records available to you that afternoon?

Ms Willcocks: We worked closely with the Ambulance Service. Cary’s team and our team are synergistic in working together, and we clarified throughout all processes that Cary was the lead person on site, so everything we did we reported through Cary as the site controller. That was for all our staff and we clarified that with our staff. The difficulty we had was that a high proportion of the residents had cognitive impairment. In terms of identifying residents in an RACF with cognitive impairment, they do not have identification bands on which we would see on patients in a hospital space.

The evacuation records did not contain any other identifying information than a name, so there was no date of birth on that record. To identify the patient, you would normally look at three aspects and usually it is name, date of birth and often an address but in this case we had only a name. They did not have the next of kin on that either, so we had somewhat out-of-date information about the patients. There were 71 patients on those lists and we had a little bit of information about their mobility.

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Secondly, as you saw in the first photo of the pharmacy cupboard, we did find the drug charts but we identified a number of the photos of residents—which would normally be on the drug chart—were either missing or quite old so did not necessarily provide a good reference to the patient, so our staff were challenged in that respect to identify the patients. Cary's team and the nursing staff went through the unit trying to identify patients prior to us deciding to move so that we could administer drugs.

Not knowing the patients, a team of our nurses did go over to the Orchid unit and do a drug round over there, because we knew the drugs were due. They took over three hours, I think, to do that drug round, just with the complication of identifying patients and having to find medications and with medications they were not familiar with, and the potential impact on those patients if they got the wrong medication or did not get a medication. For the staff who were looking for the next-of-kin details, as I said, we found hard copy files but they did not appear to be up to date, from what was reported back to me, and you needed to go through every single file to get the list of next to kin to contact.

As stated, the list of patients on the evacuation list was not up to date. We started with a list that had 71 patients on it. We transported 68 patients. We found that one patient had died, I think the day before from memory. Two patients in the previous week had been transported to Gold Coast Health, so they were actually in acute care. We found another patient who was not on the list in the Orchid unit, after I left. Right until the end of our efforts, we were still calculating numbers and were still unable to really clarify the situation. That meant the mass casualty action plan was extraordinarily important, so it was the checking processes we went through. When we finished emptying one ward, we did a triple-check process where three different people went through the rooms to ensure that everything was gone.

Meanwhile, in amongst all of this, the team were trying to keep people clinically safe. I was receiving sheets of paper that highlighted what supplies people needed—so a list that said we need gloves, large, extra-large, medium; rubbish bags, black and white; four alcohol foam bottles—because the area had been stripped. In all of this process, as part of our assessment when we did our first walk-through to identify whether we could keep patients in the area, we found that the medication room, which people had started to take stuff out of, probably was the most intact room. In the pan room, the pan muncher, as we call them, had the front panel off and did not look like it was electrically sound to use, but there were bed pans left in there. There was no cleaning equipment left in the cleaning room or very minimal cleaning equipment. The stores cupboard had been stripped, so there was no longer any boxes of gloves or cleaning products. There was no dressing equipment or any of those things in there.

Ms O'GORMAN: Ms Willcocks, you have just outlined a very lengthy litany of challenges that you confronted and the nurses, as members of your team, confronted on that afternoon and evening. To what extent were you able to be reasonably satisfied that each and every one of those residents received the medication that they were required to be given at, as we understand it, 5 pm and 8 pm that day?

Ms Willcocks: We knew that in the Orchid unit the medications were given late. We did not believe at the time that the medications in the Hibiscus unit were given. There was such chaos in Hibiscus that we actually could not have safely administered all the medications.

Ms O'GORMAN: Do I take it from that answer that you are not satisfied—that you were not satisfied on the night and that you still are not satisfied—that each and every one of those residents received the appropriate medication that they required on that night?

Ms Willcocks: I cannot confirm that they did.

Ms O'GORMAN: That is largely a product of the fact that the medical records were simply not available to you or your team?

Ms Willcocks: It was the chaos and the fact that we could not identify the patients easily and that their medical records were not up to date. We did have a GP on site who was helping us check that the medical records we were looking at were contemporaneous. He was responsible for most of the patients' care. Dr Hayley Frieslich was extraordinarily grateful to have him on site. He was there most of the night with us. In fact, I am aware he was there until just before we cleared Hibiscus and was extraordinarily helpful to us, both with the residents internal and when the question was raised about the independent living patients, who we at one stage had a great fear were not being cared for in the way that they normally would as well.

Ms O'GORMAN: Are you able to recall now exactly how many members of your team, as distinct from Queensland Ambulance Service personnel, were there on the ground on 11 July 2019?

Ms Willcocks: I cannot give you exact numbers. I can give you estimates.

CHAIR: Can we take that on notice?

Ms O'GORMAN: All right. Is it the case that your team was required to be at Earle Haven for a longer period than you would have had to be if the medical records were available to you all and you could administer the medications in a more timely fashion?

Ms Willcocks: I believe our team would have been on site, noting the rest of the situation we were dealing with. Just having the medical records and the medications would not have made the site safe to stay on.

Ms O'GORMAN: Can I ask you these couple of final questions, before I inquire as to whether committee members have any particular questions, and these relate to your engagement with the actual residents on the site. Did you personally have any conversations or personal engagement with any of the residents in the hours that you were there?

Ms Willcocks: I had two interactions with residents that were notable.

Ms O'GORMAN: Can you tell us firstly about the first interaction that you recall?

Ms Willcocks: Certainly. A lady was sitting at the front door looking a little bit anxious, and I just sat down and spoke to her. She was a lady who was going up to the Gold Coast University Hospital for dialysis or for an appointment—I could not quite ascertain. That service sits under my remit, so I was chatting to her about that. She later came back to the site, post that visit.

Ms O'GORMAN: You mentioned that there were two interactions that you recall. Can you tell us about the second?

Ms Willcocks: The second was when we were evacuating or relocating the residents. I was standing next to a gentleman in a bed or on a stretcher at that stage, while we waited for the ambulance to be free for him to be moved out. I said to him, 'This must be terrible for you. How are you?' He just said to me, 'This has been an amazing day. I knew there was a problem first thing in the morning.' I said, 'What happened?' He said, 'Two women came into my room and were standing there without talking to me, so I asked them what they were doing.' I am paraphrasing him, but this was the general gist. He said, 'I asked them what they were doing and they specified they were doing a bed audit. I thought, "That's a bit stupid. You know exactly what beds are in this place and you know exactly what patients are here. You have records."' He said they stood there for a little bit longer and then left his room. One of them returned half an hour later and 'whipped', I think was his word, the duvet or the bedcover off his bed and left the room with no comment. Obviously, having a nursing background, I was felt pretty heartfelt sadness at that point to hear that story, in amongst the chaos, of just the impact on the residents.

Ms O'GORMAN: Can I ask what the demeanour of that gentleman was when he related that story to you, please?

Ms Willcocks: He pointed out to me, firstly, that he was cognitively intact, that he did not have a cognitive impairment. He was sad, I think. It was his home for a long period and he also spoke to me about that. Obviously, there was a lot of uncertainty for him as to what was going to happen from here. Clearly, he was concerned about that but very calm in his concern.

Ms O'GORMAN: Thank you, Ms Willcocks. Mr Chair, that is the evidence of both Mr Calvert and Ms Willcocks.

CHAIR: Thank you, Ms O'Gorman. We will move to questions from the committee. I apologise for pushing the program back, but it is vital that we get to hear from you. Firstly, much like the Queensland Ambulance Service, I commend and thank you, Mr Calvert and Ms Willcocks, for Queensland Health's response to what was a significant event. I am sure you would concur that the broader impact of this event on the Gold Coast HHS, with over 100 staff involved and responding, would be significant.

Mr Calvert: It is not just the 100 staff who were directly involved in the incident control room and the response to that. It is the many hundreds who had to stay on after their shift finished, because we did not know what we were dealing with and we overlapped. It is a substantial number of people involved.

CHAIR: For the benefit of those watching and the committee members, you mentioned a code brown. There must be a hierarchy of code responses. Where does a code brown sit? Can you tell us the hierarchy of code responses?

Mr Calvert: It is one of the most serious events that can happen. It is reserved for really large-scale complex and dangerous situations, life-threatening situations. We have colour codes for other issues, like fire. There is a code red for fire. There are code yellows for infrastructure loss, if we have rooms out of action because of burst pipes and things like that. The one that is probably at the top of the list is a code brown, yes.

CHAIR: Could we get a copy of the code responses? That might be helpful to the committee in our report.

Mr Calvert: Sure.

Ms Willcocks: Chair, may I add, a code brown external generally is a multiagency response, as well.

CHAIR: On the Viewer, we have the Health debrief meeting report. Could we get up the page with the heading 'Opportunities for improvement'. Thank you. The first dot point says that there was no accurate or current list of residents at the Earle Haven residential aged-care facility accessible. You articulated that were a number of patients with dementia and other needs. The response is Queensland Health now talking with private operators in residential aged-care facilities. Is that something that you are undertaking at a local HHS level, to make sure that you have a copy of the patients who are there? What work is being undertaken?

Mr Calvert: We have no authority over the private facilities.

CHAIR: What is your relationship like with the federal department of health?

Mr Calvert: I do not honestly have that much to do with them, to be frank.

CHAIR: Your second dot point there refers to accessing reliable and timely data from the My Aged Care database by the Australian government. Clearly some work needs to be done there so that you can access timely information. Is that something that you would undertake?

Mr Calvert: I believe that there has been a set of follow-up issues, led by Jeannette Young, the Chief Health Officer. Jeannette would have a lot to do with the Commonwealth and I am sure she has taken up all these issues with them.

Mr CRANDON: I have a few questions for both of you. Pull me up if you would like to move on to someone else, Chair. Firstly, Ron, you said you started clearing beds immediately. I take it that was from both Robina and the Gold Coast hospitals?

Mr Calvert: Yes.

Mr CRANDON: Every day, 300 turn up at the university hospital and 200 at Robina, or thereabouts. How far along that road did you get before you came to the conclusion that you were going to be able to distribute the patients to other care facilities?

Mr Calvert: We cleared a largish space within the emergency department itself. We had to deflect patients to other parts of the hospital to do that. I think at one point I even saw a photograph of the area that they had managed to clear. They were very pleased with how rapidly they managed to progress. Similarly, throughout the hospital, we sent teams of staff to try to identify any patients who we possibly could discharge. I am not sure of exactly how far we got in terms of the number of beds vacated. In an ordinary day anyway, we would vacate 80 beds or more.

Mr CRANDON: Where I was going to with that is that there was quite a disruption for the hospital obviously, for the staff and, of course, for patients who were partway through their care at a time like that. The knock-on effect, if you like, of this incident was far reaching. It was not simply isolated to this facility. There was that knock-on effect that impacted people and their work lives and home lives as well.

Mr Calvert: We train for this. It is what the health service does. Yes, it took a lot of organising. It would have been a very poor outcome if we had to admit into our bed base 70 patients who we would have little prospect of discharging for weeks. That is for sure. However, that did not eventuate. Even if it had, our job is to cope with these kinds of things and find a way.

Mr CRANDON: It sounds like you did an absolutely terrific job in that regard. You mentioned in your testimony that you were looking at ways to remunerate the staff who were there who had been terminated and in the end you did not need to. One of the things that came to my mind—and you mentioned it later in your testimony as well about the legal rights that you had—is: would there have been some potential liability for individuals who stayed on as volunteers but who were not employed? Their employment had been terminated. Would there have been potentially some liability that could fall on them in a circumstance like that—without being employed, without having a contract of employment?

Mr Calvert: I am not a lawyer, so I could not definitively answer that, but I would hope that in the circumstances a reasonable judgement would be exercised. If people are trying to help, that is laudable.

Mr CRANDON: I think you might have touched on this before. You mentioned that well over 100 people were involved from the hospital and then others were impacted as well. Could you quantify in any way what impact that had on other services that the hospital delivers on a day-to-day basis?

Mr Calvert: I would not want to exaggerate what happened. We are equipped to cope with major emergencies. We deal with them on a regular basis and we dealt with this one. We did not cancel any elective surgery. Yes, we had to clear space and, yes, some of our doctors had to make judgement calls about whether they could safely discharge some patients, but I am not aware of any clinical incidents that took place as a result of those decisions.

Mr CRANDON: Karlene, you mentioned that all staff in the morning shift were held until when? How long were they held?

Ms Willcocks: The staff were released somewhere between six and 6.30.

Mr CRANDON: They would generally be leaving the premises around two, did you mention?

Ms Willcocks: Three.

Mr CRANDON: Three o'clock, so they were held back for three or 3½ hours. You mentioned that Karen Heard came to you and advised you that everything was under control and they basically did not need help—and I am paraphrasing. Did it look to you like it was under control?

Ms Willcocks: No, it did not look like it was under control. In fact, in one of the HEOC meetings we were advised by Dr Jeannette Young that they had been advised that the site had all they needed to manage and we clearly articulated that that was not what we were seeing in front of us.

Mr CRANDON: I want to follow on from a question that I asked of Mr Strong. Did you find the suggestion that computers were removed the day before alarming in any way? How would one attend to patients and administer medication on an ongoing basis without them? It sounds like they were gone for 24 hours.

Ms Willcocks: I was not aware that the computers had been gone for 24 hours. That was not part of the conversation I had. However, I would agree with Cary that, as a healthcare provider, it would be difficult to understand how you were providing care if all of your care plans were on computer.

Mr CRANDON: You mentioned before that you had some drug charts but you did not know how accurate they might have been. In fact, you even indicated that there were some patients who were no longer on the premises for various reasons and there was also a new patient, from what I could gather, who did not have a drug chart.

Ms Willcocks: We had three pieces of information about patients. I will just note that I was the executive overseeing this, so the feedback I gained was from the clinical staff.

Mr CRANDON: Okay.

Ms Willcocks: I was provided the evacuation lists. They were the lists that appeared inaccurate as far as numbers. They were the lists that stated on a table the patient name, their mobility needs and their room number.

Mr CRANDON: It would be fair to say, though, that some medications would be changed on a daily basis for some patients?

Ms Willcocks: I cannot comment on that. I do not work in the rest home, so I am unable to comment on that. However, the concern fed back to me about the drug charts was that some were missing photos and some photos were not contemporaneous. The GP helped us with that and, where there were queries, was able to identify some of the patients for us, as I understand, and also was able to clarify medications for us.

Mr CRANDON: It seems that there was no regard for the ongoing care of patients by the actions that were going on around you. You mentioned all the materials being stripped—gloves, the whole thing. Is that a view that you could draw from that? There was no regard to what was going to happen to these patients?

Ms Willcocks: The staff who appeared to have been responsible for patient care previously—and we could not identify what their roles were so they could have ranged from AINs, or assistants in nursing, through to ENs, through to RNs; we could not ascertain what staff they were—were very caring to the individual patients when we found who they were, but the room was very chaotic. We

had relatives, we had people from the independent living facility in the room, and then we had the people who were removing things. Certainly, the people who were removing things appeared, in my observation, to have no regard for the business that was done in this area or for the care of the patients or residents.

Mr CRANDON: By extension, the person who gave those people the instruction to strip the aged-care facility you would assume was in a very high position within the facility and they had given an instruction, knowing full well that they had almost 70 patients.

Ms Willcocks: I was not in a position to make an assumption about who had directed what.

Mr CRANDON: Thank you.

Mr McARDLE: I thank both of you very much for being here today. Ms Willcocks, I think you said that you have a nursing background; is that right?

Ms Willcocks: That is correct.

Mr McARDLE: Could you expand upon your experience for the record?

Ms Willcocks: I have been a registered nurse for 26 years and continue to have a registration. Prior to that, I worked in aged-care facilities as a hospital aid in New Zealand.

Mr McARDLE: You would have experience that is quite wide and in-depth in relation to nursing homes and both public and private hospitals.

Ms Willcocks: My experience in nursing homes is, obviously, somewhat historic—almost like dinosaurs—but I have a contemporary understanding of health care and healthcare delivery and the management of that.

Mr McARDLE: I want to take you back to questions asked by my colleague the member for Coomera. Mr Calvert said that he believed that the computers had been removed on 10 July. That means that the medical records of patients were not in existence on 10 July or 11 July. It appears to me that it could well have been that for 1½ days patients may not have received the medication on time or the dose on time. Can you comment on that as a clinical nurse?

Ms Willcocks: The drug charts were on site, so they were there. If you knew the environment, that is likely to have been what you were working by from a drug perspective. Most environments that have electronic systems have a business continuity plan or some sort of plan that you would fall back on if the system went down. They may have been working by something. I am unable to comment on how this facility actually worked.

Mr McARDLE: You could not advise the committee that you were satisfied that for 24 to 36 hours before you arrived patients were getting the right medication, the right dosage and also at the right time?

Ms Willcocks: I am only able to comment on the time that I was there.

Mr McARDLE: That is fine.

Mr Calvert: Excuse me, can I make a suggestion?

Mr McARDLE: Yes, Mr Calvert, certainly.

Mr Calvert: I apologise. I cannot remember if I said something about the medical records being not there the day before. All the information I had about the site was second-hand, from what I was being told on site. I apologise if I did say that. I do not recall saying that.

Mr McARDLE: Maybe it was Mr Strong. It may have been my wrong use of the surname—Mr Strong. I apologise for that. Mr Calvert, did you say that at one point somebody threatened that you could not remove patients and if you did legal action would be taken?

Mr Calvert: I do not think I said that. Just to make sure we are clear: in the HEOC I was getting reports from the site, from Karlene and our colleagues, that there were difficulties with accessing the patients because their authority to do so was being challenged. The essence of the conversation, as it was relayed to me, was that the claim was being made that we had no legal authority to be on site and to make any decisions. There was a hiatus of an hour or two between trying to establish what was going on and then eventually being actually able to physically move patients.

Mr McARDLE: Was that your interpretation of events or was it a claim, as you said, that had been made—that could you not remove—by somebody who was on site at the time?

Mr Calvert: Yes. Perhaps Karlene can clarify, but no-one told me directly that legal threats had been made. I was hearing that we were simply being told we had no authority.

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Mr McARDLE: That prompted the action to be taken.

Mr Calvert: Eventually, that prompted the act being invoked and taking control of the site.

Mr McARDLE: Ms Willcocks, did you have a conversation with Mr Miller or Mr Bunker?

Ms Willcocks: No. As previously noted, I only asked Mr Miller—the man I understood to be Mr Miller—to move out of an area at one stage and I never met Mr Bunker.

Mr McARDLE: Did you form an opinion as to Mr Miller's attitude on that day at the nursing home?

Ms Willcocks: I believe Cary articulated Mr Miller's persona very accurately.

Mr McARDLE: Would you disagree with that?

Ms Willcocks: No.

Mr McARDLE: As a consequence of what took place, has any report been filed with the Commonwealth Department of Health and Ageing by the HHS in relation to this matter, or a report filed with the Australian Aged Care Quality Agency in relation to the actions that occurred on that day? Mr Calvert, please.

Mr Calvert: The notes that you have in front of you by Earle Haven, at that briefing we had Commonwealth representatives present. They took part in the whole process.

Mr McARDLE: You would anticipate that a report would have been prepared for the agency?

Mr Calvert: Sorry, can you ask that question again, please?

Mr McARDLE: You would anticipate that the people who were there from a Commonwealth body would have made a report to the agency and also to the Commonwealth Department of Health and Ageing?

Mr Calvert: I would expect that they have a copy of these notes which are, I think, an agreed record of what was said on the day. Yes, I would imagine that they would be relaying that to their colleagues.

Mr McARDLE: Did you get any communication from either of those bodies as a consequence of a report being prepared?

Mr Calvert: No.

Mr McARDLE: Ms Willcocks, in testimony before the royal commission Karen Heard made this comment—

I said to the commander—

Mr Strong, I suspect—

that I felt that we could actually guarantee 72 hours of care, because I had—on my way to Earle Haven, I had spoken to the approved provider. I had spoken to the catering manager, and I had spoken to staff on the floor about what was taken and what was left that we could care for the residents, and I felt confident that—there was food; there was hydration; there was continence aids; there was bedding. There was staff with the knowledge to care for them.

Do you want to comment on that comment?

Ms Willcocks: The only food that was delivered within Hibiscus that I am aware of during the time that we were there was the food that we brought in from GCUH. In the Orchid unit, the food provided was provided from the independent living residential kitchen. They provided food to Orchid, as I understood it and as it was reported to me. The environment was deemed unsafe by us to stay. We met and discussed the fact that all the electrical equipment had been removed. I talked about a fridge going out past me. I also had a conversation whereby I was advised that the air-conditioning units and all other manner of electrical equipment, including dishwashers and things, had been removed from the environment. The kitchen equipment, the clinical equipment and the cleaning equipment had all been removed from the site. The clinical supplies had all been removed from the site.

We assessed that to be bigger than what we as a HHS could provide into the site to support the site running. That was the decision made—that we could not facilitate leaving the patients there and we could not certainly foresee how the organisations within the environment were going to provide that if we were unable to as an organisation with the resources at hand. There was then the problem of medical records and all other things. Those were the things that we as a HHS identified that we could not provide.

CHAIR: I read in the royal commission notes of something like 14 mattresses that had been removed as well.

Ms Willcocks: I was unaware of the mattresses until I read the royal commission report. That was not something that I was involved in. I knew things had been removed from the rooms.

CHAIR: That would make up some of the criteria?

Ms Willcocks: That would make up some of the criteria if those rooms were not empty rooms. There were certainly mattresses in rooms that I could see patient names on in most of the areas that I walked in. I would absolutely acknowledge I did not get to every room in that organisation.

Mr McARDLE: Certainly you would say that that statement you could definitely not agree with? It was essential the HHS and the QAS move immediately to secure the safety of the residents of that site?

Ms Willcocks: My assessment, in line with the assessment of the team on site, was that we needed to move. We watched patients get more agitated. Whilst I did not engage with them, I was observing patients become more agitated. With cognitive impairment, evening is often a worse time and a time of more confusion. It is not the optimal time to be moving people. We knew that we needed to move patients as soon as we could to the safest place to look after them.

Mr McARDLE: Ms Willcocks, I think you mentioned there was a GP on site. I think you used the term 'GP'. Who was that? Do you have any idea?

Ms Willcocks: My understanding is that the GP's name was Dr Firoz Hamza. He was the GP from the clinic nearby and he looked after the majority of the patients in there. Another proportion of those patients were looked after by GPs in the same practice. He provided us with a lot of information about the patients on site within the Hibiscus and Orchid units but also when the concern was raised about the independent living residents who had home help which was now in question. He was able to provide us information about those patients and provide us advice as to which of those patients he would be concerned about. We sent Nigel to doorknock and make sure those patients were safe as well. We went to 15 houses on the site. The numbers varied through the evening. He was extraordinarily helpful to us in being able to identify that.

Mr McARDLE: The doctor was familiar with the site?

Ms Willcocks: He knew the site and the residents.

Mr McARDLE: Good, so he would have been of enormous benefit?

Ms Willcocks: He was enormously beneficial and very helpful. He was extraordinarily concerned about the patients.

Mr McARDLE: There has been some speculation on that afternoon and evening about how many RNs, ENs and AINs were on site. Can you help us with that question?

Ms Willcocks: No. As I have said a number of times, it was chaotic in the environment. We were unable to identify who was staff and who was not. Identifying who were RNs was difficult. As Telecia and Karen introduced themselves to me as nurses, I immediately looked up their registration to ensure they were. I was able to clearly identify Telecia. I was not able to confirm Karen on the AHPRA website from the details I had.

Mr McARDLE: Did they point out people? The clinical manager of the facility would know automatically who was what?

Ms Willcocks: The staff came and went. There was chaos that ensued. The room was full of people. It was not a few people; there were people everywhere. People were coming and going. One of my staff at one point said—I think it was our communications manager—I think I have just let someone out the door. I'm really hoping that what they told me was correct.' I said, 'What did they tell you?' She said, 'She told me she lives in the independent living facility but her sister is a patient.' We had a number of elderly people visiting their elderly relatives. We had young people there. We had politicians there. We had the QNMU there. We had everyone there. It was very difficult to even stand there and say, 'Can you point to that person for me,' because there was so much going on in the area.

Mr McARDLE: Politicians were there as well. Who was there?

Ms Willcocks: Meaghan Scanlon was there. A member of her office was there for most of the evening. Meaghan was there for some period of time. I understand it is her constituency. She talked with families and the patients. She supported the team with words and at one stage got coffee for the ambulance crew.

CHAIR: As any good local people would. I recognise the member for Gaven.

Mr McARDLE: Indeed I do as well in the audience here today.

Ms Willcocks: Later that evening we had a visit from the transport minister. One other minister came.

Mr McARDLE: Maybe the health minister?

Ms Willcocks: It was the health minister.

Mr McARDLE: Did the clinical manager assist you in relation to identifying patients? She would have some knowledge of the medical needs and medicines to be provided. Did she offer you help at all?

Ms Willcocks: Not at the time I was on the floor. At the time I was talking to Telecia as the clinical manager our teams were actually doing the identification of staff together. Telecia was at the front entry of the hospital. She provided advice on where the evacuations—

Mr McARDLE: And later on?

Ms Willcocks: Later on I did not see Telecia.

Mr McARDLE: What about Ms Heard?

Ms Willcocks: Karen Heard provided information about the patients who were not in the residential care facility but were independent living people. In fairness to the team there, there were patient notes strewn all over the floor. In giving me a list of independent care residents that we might want to check, they even struggled to pull a list together for us. The initial list I received was a handwritten list. The second list was a more comprehensive list of the residents but did not appear to be a full list of the residents. When they had gone to find that information, the way the removal had been done meant things were all over the place.

Mr McARDLE: I have asked Mr Strong this question as well. Residents saw things going on. They saw people taking things away. They saw an argument at one point. They saw documents strewn on the floor. It must have been very distressing for the residents.

Ms Willcocks: I believe that it was distressing for the residents. I believe it was distressing for the family members who came in. It was, to some degree, distressing to be in my position there.

Mr McARDLE: Yes, indeed. The chaos made it difficult for you and your team to provide the care that you wanted to because identifying residents, identifying the medications, and the required time lines did not exist?

Ms Willcocks: I think the staff did an extraordinary job in the situation they were in. I think it was distressing to all people who went there. It is not what we expect to see. I would say they are the most vulnerable members of our population, and to see that going on is distressing when you enter. It was difficult to provide the care at a level we would expect to provide.

Mr McARDLE: Exactly. Mr Calvert, did you indicate that the telephones had been removed?

Mr Calvert: That was relayed to me from the team on site, yes.

Ms Willcocks: We did get an indication that telephones had been removed from some spaces, though later in the evening I know a telephone was ringing on site and one of the staff from the environment was answering it.

Mr McARDLE: When we hear the term 'the place had been stripped', that would not have been correct?

Ms Willcocks: Certainly some areas of the place had absolutely been stripped.

Mr CRANDON: Mr Calvert, earlier in your evidence you spoke about a team of people doing a ring-around to see the quantity of beds that might be available. Have you got some sense of how many there were available in total? Did we just sneak over the line or did we fill all of the beds locally?

Mr Calvert: To be honest, once I knew there were enough for all the patients I did not ask any more questions.

Mr CRANDON: You are not sure whether there was an abundance of beds?

Mr Calvert: No.

Mr CRANDON: I suppose that would cause you not to be able to answer the next question. Have we got a shortage of beds on the Gold Coast at the moment, given—

CHAIR: I think I will rule that one out of order. I think we will stick to—

Mr CRANDON: Sorry, Chair. What I am saying is that losing 70 beds at this facility has an impact on the care of our elderly on the Gold Coast. That is the reason I was asking whether there are sufficient beds—

Mr Calvert: Sorry, I am not sure what you are asking me. Is there a shortage of nursing home beds on the Gold Coast? Is that what you are asking?

Mr CRANDON: Losing 70, I would imagine there is some impact. We have lost 70 at this facility, as I understand it.

Mr Calvert: I honestly do not know how many beds there are in residential aged-care facilities on the Gold Coast.

Mr CRANDON: We were fortunate that we were able to find beds for these residents, which was a positive.

Ms PEASE: I know that it was a very chaotic event and I appreciate how difficult it was. One of the things I would like to try to understand is: whilst you were dealing with the residents or their family members, did any of them raise issues of concern about the level of care they had received during their time? I can imagine that would have been very difficult because of the chaos and the unpleasantness going on. Did that get raised?

Ms Willcocks: Nothing was reported back to me during the event that I recall.

Ms PEASE: I also wanted to ask about the federal government's health department. Were they part of the HEOC or were they ever likely to be part of that emergency response?

Mr Calvert: They were not part of the HEOC, but they were part of the SHECC. There was liaison with the Commonwealth department through that mechanism.

Ms PEASE: How did you find working with them? Were they responsive and provided assistance?

Mr Calvert: That was done through the SHECC rather than HEOC. I know there was a bit of delay in setting up a helpline. We provided a helpline for any relatives whom we could not get hold of or anyone who saw on the news what was going on. Once the initial event was over, we wanted to hand over that line to someone else. We knew there would be calls from relatives about belongings and locations. We had to keep a register of where everyone had gone and any issues like that. I think it was late afternoon the next day when the Commonwealth set up that line. It probably would have been helpful if it had been a bit quicker. They are not necessarily easy things to have at the drop of a hat.

Ms PEASE: When were you able to set that up the Queensland Health hotline?

Mr Calvert: We set that up immediately.

Ms PEASE: That was being manned 24 hours a day?

Mr Calvert: It was, but there was a complication in that there was a major Telstra outage late that afternoon. That is why I asked the team of social workers to ring every relative they could, because I knew there might be difficulties with the line.

Ms PEASE: Thank you, no further questions.

CHAIR: If there are no further questions, I am very keen to know, as we put the question on notice to the Queensland Ambulance Service earlier, about the cost and impact on the HHS. We would deeply appreciate it if that could be brought forward before the 16th, before Mr Miller appears before us, so he might get a better understanding of the cost to the HHS in responding to this particular incident. I have no further questions. We will move to Ms O'Gorman.

Ms O'GORMAN: That being the case, there are no further questions from me either. Might the three witnesses be excused?

CHAIR: Yes. Thank you very much and thank you for your assistance today.

TUCCORI, Ms Telecia, Former Clinical Manager, HelpStreet

CHAIR: Welcome, Ms Tuccori.

Ms O'GORMAN: While arrangements are being made for the next witness to be seated, I can remind the committee that Ms Tuccori is here under summons and that she has indicated that she will take an affirmation this afternoon.

Witness was affirmed—

Ms O'GORMAN: Ms Tuccori, your full name is Telecia Maree Tuccori; is that correct?

Ms Tuccori: That is correct.

Ms O'GORMAN: As of 11 July 2019 you were employed as a clinical care coordinator with HelpStreet; is that correct?

Ms Tuccori: Yes.

Ms O'GORMAN: Can I ask you some questions about your qualifications and experience? As we understand it, you graduated from university with a Bachelor of Nursing (Midwifery and Indigenous Health) in 2014?

Ms Tuccori: Correct.

Ms O'GORMAN: You have worked as a registered nurse since 2014?

Ms Tuccori: Correct.

Ms O'GORMAN: As we understand it, you worked as a registered nurse with Blue Care from 2014 to 2017?

Ms Tuccori: Correct.

Ms O'GORMAN: When you worked with that organisation, were you employed in a management position?

Ms Tuccori: No, I was a registered nurse on the floor there.

Ms O'GORMAN: Were you employed there in a role which corresponded with a role which might be described as clinical care coordinator?

Ms Tuccori: No.

Ms O'GORMAN: All right. As we understand it, you were employed as a registered nurse with TriCare from 2017 to 2018?

Ms Tuccori: Correct.

Ms O'GORMAN: When you were employed there, were you employed in a management capacity?

Ms Tuccori: No.

Ms O'GORMAN: Were you employed there in a role which corresponded with the description of clinical care coordinator?

Ms Tuccori: No, but I was backup clinical manager for when she was ill or on holidays.

Ms O'GORMAN: All right. Did you move from your employment with TriCare to your employment with HelpStreet?

Ms Tuccori: Yes.

Ms O'GORMAN: From the time that you were employed with HelpStreet, were you working at the Earle Haven facility?

Ms Tuccori: Yes.

Ms O'GORMAN: In particular, were you working at Hibiscus House and Orchid House?

Ms Tuccori: Yes.

Ms O'GORMAN: Did you commence your employment at Earle Haven on or about 7 November 2018?

Ms Tuccori: Correct.

Ms O'GORMAN: You have already indicated that as of 11 July 2019 you were in the role of clinical care coordinator. Were you employed for the duration of your time from 7 November 2018 in that role?

Ms Tuccori: Yes.

Ms O'GORMAN: All right. Can I ask you then to describe for us your understanding of your responsibilities as the clinical care coordinator?

Ms Tuccori: Yes, to ensure the safety of all residents and staff, assist with coordinating care, identify client needs—basically overseeing and coordinating the clinical area of the home.

Ms O'GORMAN: All right. In that respect, how were you assisted—that is, how many people or staff members reported to you?

Ms Tuccori: Given that it was a care home, all PC, AIN staff, registered staff and enrolled were reporting to myself. How many we had on the books I cannot quite recall exactly at this time, but there was quite a few.

Ms O'GORMAN: All right. I am having just a little bit of difficulty hearing you. Can I ask you to repeat that answer because I did not hear. I thought I heard you say that you had People Care staff who were reporting to you. Did I hear that correctly?

Ms Tuccori: No, so just the HelpStreet staff, but it was all people involved within the clinical care—so AIN staff, registered nurses and enrolled nurses would be reporting to me. I did not have People Care staff reporting to myself.

Ms O'GORMAN: All right; thank you for that. Were you then the senior clinical person—

Ms Tuccori: Correct.

Ms O'GORMAN:—for Hibiscus House and for Orchid House? Okay. Do I take it from your answer about what was involved in your role as the clinical care coordinator that you were employed in a managerial position?

Ms Tuccori: Correct.

Ms O'GORMAN: That is, you managed those staff members that you described as being registered nurses, AINs and ENs?

Ms Tuccori: Yes.

Ms O'GORMAN: All right; thank you. Were you involved in organising the rostering of those people?

Ms Tuccori: I did assist, yes.

Ms O'GORMAN: When you say you assisted, who did you assist in that regard?

Ms Tuccori: It was myself and Karen Parsons, the executive director.

Ms O'GORMAN: Okay. What was your understanding of Karen Parsons' role?

Ms Tuccori: She basically oversaw the entirety of the home. We were all answerable to her. Yes, so she sort of coordinated. I suppose she assisted me as well with managing staff, dealing with HR problems. She definitely sort of coordinated the house services like cleaning, cooking, that sort of thing. Yes, it was a big role—basically everything.

Ms O'GORMAN: All right. So do I take it from your answer there that you were appointed in a managerial position but you reported directly to Karen Parsons?

Ms Tuccori: Correct.

Ms O'GORMAN: Did you report further beyond Ms Parsons?

Ms Tuccori: Personally, no. If I had issues, I would report to Karen. She would escalate if need be.

Ms O'GORMAN: All right. What was your understanding of who Ms Parsons would escalate any issues to?

Ms Tuccori: She would escalate to David Lamb, the CEO.

Ms O'GORMAN: All right. Did you in your time employed by HelpStreet personally have any engagement or involvement with Mr Kristofer Bunker?

Ms Tuccori: I had minimal. I do understand that he came twice—one being in July and one previous to that—but again I had minimal contact with him. He introduced himself, discussed some hopes he had for the home, where he wanted to go, what he sort of expected of us as a team, but other than that no.

Ms O'GORMAN: All right. Is it the case then that, other than those relatively minimal engagements with Mr Bunker, you really took your direction from Ms Parsons?

Ms Tuccori: Correct.

Ms O’GORMAN: Okay. I just want to ask some questions then to clarify exactly what was involved in your role as this clinical care coordinator. You have indicated that there was some management of staff involved in that. Do I understand it correctly that this was the first time that you had been in a role which involved management of other nurses?

Ms Tuccori: I will say yes because it is officially, but within aged care as a registered nurse you do have a supervisory role. I had previously dealt with people calling in sick and replacing it in the roster, delegating to enrolled nurses and AIN staff as well. So, I mean, being a registered nurse in aged care is sort of a supervisory role but not managerial, so yes technically.

Ms O’GORMAN: All right. I have asked you about what engagement you had with Mr Bunker. Can I ask you this: did you have any engagement between the time that you started at HelpStreet and 11 July 2019 with a Mr Arthur Miller?

Ms Tuccori: Again, minimal. There have been some times where he would summon myself to the office to ask things. However, it was less asking, more telling, but, yes, not very much. We were actually directed from David Lamb—myself and Karen Parsons. Because of the way that Mr Miller would talk to us, we were not to discuss things with him. We were in turn to tell David and he would escalate it mostly for, I suppose, our own peace of mind to not be spoken to in the manner.

Ms O’GORMAN: You indicated in your answer just then that there were times when you would be summoned to attend upon Mr Miller?

Ms Tuccori: Yes.

Ms O’GORMAN: Can you explain to us your understanding of the power that he had to require you to engage in any discussions with him?

Ms Tuccori: It is my understanding that he owned the approved provider and the bed licences. That would mean that we were operating under his approved provider number, so he, I suppose, did hold quite a lot of responsibility. Given my position in the company, I also have to follow directives of obviously my CEO and executive director and if I am told that I am to pass information through them then that is what I need to do.

Ms O’GORMAN: Is it the case that during the time you were employed with HelpStreet you understood that People Care was the approved provider for the Earle Haven facility?

Ms Tuccori: Correct.

Ms O’GORMAN: And was it your understanding that at some point prior to your engagement with HelpStreet People Care had entered into a business arrangement with HelpStreet whereby HelpStreet would in fact provide those services on People Care’s behalf?

Ms Tuccori: Correct.

Ms O’GORMAN: All right. Who was it who explained the nature of that arrangement to you?

Ms Tuccori: It was Karen Parsons predominantly, as she did commence her role slightly before me, and we sort of worked quite closely together as a team.

Ms O’GORMAN: All right. When you started at HelpStreet, was Karen Heard engaged at the Earle Haven facility?

Ms Tuccori: Correct.

Ms O’GORMAN: Okay. So she was there from November 2018?

Ms Tuccori: Yes.

Ms O’GORMAN: Did she remain there employed in any capacity for the entirety of the period between November 2018 and 11 July 2019, or were there periods where she was not employed there?

Ms Tuccori: That one I am not too clear on. She did come in as, as she would describe, a contractor and do independent audits on the home, but her physically being there was minimal to a degree.

Ms O’GORMAN: Can I ask you your understanding of who she was employed by or engaged by?

Ms Tuccori: By Mr Miller.

Ms O’GORMAN: All right. To your knowledge, was she employed by HelpStreet at any time?

Ms Tuccori: Not to my knowledge, no.

Ms O’GORMAN: When you say that you have a recollection of her attending and engaging in independent audits, are you able to recall now what month those audits occurred in?

Ms Tuccori: I could not give you an exact, but my gut feeling would be between May and June.

Ms O’GORMAN: All right. You say ‘independent audits’. Do you have any, personally, understanding of whether that was done as part of regulatory compliance auditing or some other auditing being undertaken by Mr Miller of his own undertaking?

Ms Tuccori: That one I cannot really answer, I am afraid, yes.

Ms O’GORMAN: Thank you. There will be questions that I ask you that you simply might not know about, and please just indicate as much. Did you during the time that you were employed with HelpStreet have any engagement or take any direction from anyone else from People Care other than Arthur Miller?

Ms Tuccori: No.

Ms O’GORMAN: How many occasions were you summoned by Arthur Miller?

Ms Tuccori: There was one time in particular and then after that, that is when we received the directive not to go to his office anymore.

Ms O’GORMAN: Can you recall when it was that that first time that you recall happened?

Ms Tuccori: It would have been January.

Ms O’GORMAN: So that is January of 2019, I take it?

Ms Tuccori: Correct, yes.

Ms O’GORMAN: You were at work on that day?

Ms Tuccori: Correct.

Ms O’GORMAN: How were you notified that Mr Miller wanted to speak to you?

Ms Tuccori: He had requested I attend his office through the ladies at the front desk, who then passed the message on to myself.

Ms O’GORMAN: Okay. Having had that message passed on to you, did you in fact go and see him in his office?

Ms Tuccori: Correct.

Ms O’GORMAN: All right. Can you tell us what it was that Mr Miller spoke to you about on that occasion?

Ms Tuccori: He was quite upset that we had invited another chemist or pharmacy to assist us to provide care to the residents.

Ms O’GORMAN: I just did not hear part of that. He was upset that you had invited another pharmacist to assist you with what, sorry?

Ms Tuccori: To provide care to the residents.

Ms O’GORMAN: To provide care to the residents. Was it your understanding that previously pharmacy services were organised through People Care?

Ms Tuccori: Correct.

Ms O’GORMAN: Do I take it from what you have said that at some point there had been a decision by HelpStreet to engage those services from another organisation?

Ms Tuccori: It was about providing choice, more or less, so that it was not just one provider; they had an option.

Ms O’GORMAN: Was that a decision that you were involved in making or was that made by somebody else?

Ms Tuccori: I assisted in making the decision. There were some pharmacy errors which tend to pile up. I discussed with Karen Parsons that I felt it was not safe for that pharmacy to continue and then we offered the choice of someone that we did a lot of research into and offered it to the residents.

Ms O’GORMAN: All right. Can you explain for us please the manner in which Mr Miller dealt with you on that particular occasion?

Ms Tuccori: Yes. He was quite—not quite aggressive, but he would ask questions but then we were not really able to answer. He would continue to talk over us, which made it quite difficult to answer the questions and explain the reasoning why, the benefits and obviously our findings from the research of this other pharmacy. So it was not really a conversation; it was more we were being talked at.

Ms O’GORMAN: You have made reference there to ‘us’. Were you there with someone else other than just yourself?

Ms Tuccori: Karen Parsons also attended.

Ms O’GORMAN: All right; thank you. You indicated that after your recollection of that first engagement that you had with Mr Miller those sorts of one-on-one or small meetings ceased to occur. Did you in fact have any other conversations with Mr Miller from January 2019 through to July 2019?

Ms Tuccori: On July there was a couple, but again it was quite difficult to discuss with him as the questions were not answered that I was asking.

Ms O’GORMAN: Did you just say that in July there were a couple of meetings?

Ms Tuccori: There was one or two on 11 July.

Ms O’GORMAN: I see; on the day that the facility closed?

Ms Tuccori: Yes.

Ms O’GORMAN: Were there any others that you can recall—

Ms Tuccori: No.

Ms O’GORMAN: Thank you. You have indicated already that you had some understanding of the nature of the arrangement between People Care and HelpStreet from the time that you started. Did you personally have any knowledge about the compliance history of People Care with the regulatory bodies?

Ms Tuccori: Yes.

Ms O’GORMAN: Can you tell us about that? What was the extent of your knowledge?

Ms Tuccori: The extent of my knowledge was that there were quite a few sanctions laid on to the home—both home care and residential. My understanding was that was why HelpStreet was employed to provide the care, hopefully, and not get sanctioned.

Ms O’GORMAN: Who provided you with that information?

Ms Tuccori: It is online, so you can look it up.

Ms O’GORMAN: Did you simply look that up of your own volition or were you prompted to do so?

Ms Tuccori: I looked prior, because before you start a job somewhere it is good to know what you are walking into.

Ms O’GORMAN: Other than your own investigations online about those matters, were you informed by anyone, either from People Care or from Help Street, about that compliance history?

Ms Tuccori: There was some, what I will call, gossip from staff, but you take it as gossip. Unless you see it from governing bodies, you tend to—yes.

Ms O’GORMAN: Did you make any inquiries, or were you told, whether there was a Commonwealth approved adviser or administrator in place during the period November 2018 through to July 2019?

Ms Tuccori: No.

Ms O’GORMAN: You just did not know one way or the other at that point in time?

Ms Tuccori: Correct.

Ms O’GORMAN: I want to ask you about your personal engagement with any regulatory bodies during that period that I have just referred to—that is, November 2018 through to July 2019. Did you have any personal engagement with anyone from what I will describe as the commission or the department attending upon the facility and doing any assessments?

Ms Tuccori: Correct. We had two what we referred to as spot visits in the home, to have a look at the home in comparison to the standards and whether or not we complied.

Ms O’GORMAN: Yes. When you say there were two, do you recall that they took place in January 2019 and June 2019?

Ms Tuccori: Correct.

Ms O'GORMAN: What responsibility did you understand that you personally held, if any, for ensuring that Hibiscus House and Orchid House were compliant with the regulatory requirements placed on People Care?

Ms Tuccori: I had quite a lot of responsibility in terms of that, especially with clinical care standard 2. That was looked at in June and, to the best of my knowledge—I never actually got the results but I believe we received 'mets', as far as I know.

Ms O'GORMAN: On those occasions that you have mentioned, in January 2019 and June 2019—that is, the occasions of the assessments—did you personally participate in any interviews with the assessors who attended?

Ms Tuccori: That is testing my memory. I sat in on introductory meetings and the closing meetings, but I cannot recall if I had any individual on-on-one meetings with them.

Ms O'GORMAN: What I might do is arrange for a document to be placed on the visualiser for us. This is a document headed 'Assessment contact report for People Care Pty Ltd' with a date for the first visit on site being 11 January 2019. Can you see that there?

Ms Tuccori: Yes.

Ms O'GORMAN: Do you recall now that the January 2019 spot check or assessment that you referred to in fact occurred on 11 January 2019?

Ms Tuccori: Yes.

Ms O'GORMAN: Does that accord generally with your recollection?

Ms Tuccori: Yes.

Ms O'GORMAN: This, of course, is not a document that you created.

Ms Tuccori: No.

Ms O'GORMAN: You would have seen at the top of the document that it is a document created by the Australian government Aged Care Quality and Safety Commission. It contains notes made by the assessor who attended at the facility on 11 January 2019, so I appreciate that I am asking you questions about a document which you did not create.

Ms Tuccori: Yes.

Ms O'GORMAN: Nonetheless, I wish to ask you some questions about the content of that document. Could I ask, please, that page 4 of the document be placed on the visualiser. Can you see there, Ms Tuccori, the heading 'Continuous improvement activities'?

Ms Tuccori: Yes.

Ms O'GORMAN: Can you see that that section commences with these two sentences: 'In November 2018 the approved provider appointed a new management team to manage the home. Day-to-day management is now provided by an executive director and clinical care manager.' Can you see those two sentences?

Ms Tuccori: Yes.

Ms O'GORMAN: That sentence appears to indicate that the approved provider, which we know that you understand to be People Care, had appointed a new management team in November 2018. Does that accord with your understanding?

Ms Tuccori: My understanding was that HelpStreet came in under People Care in April 2018; however, that was much before my time and I suppose you could say it was hearsay. I did not see any documents or anything like that.

Ms O'GORMAN: You have told us that you commenced in November 2018. Were there others who formed part of the management team of HelpStreet who commenced in that same month?

Ms Tuccori: I believe Karen Parsons did, and then there were some to follow—probably in January 2019 or so—as we were moving forward and discovering things that needed to be changed, altered, to better the home.

Ms O'GORMAN: To your knowledge, when you and Ms Parsons commenced in November 2018 were you taking over from other people who had sat in the roles that you were moved into?

Ms Tuccori: Correct.

Ms O'GORMAN: Or were they new roles?

Ms Tuccori: No, they were not new roles, no. We were taking over.

Ms O'GORMAN: What understanding did you have as to why you and Ms Parsons were being brought in to replace the people who had been in those roles?

Ms Tuccori: I was under the understanding that they had left on personal reasons, nothing more.

Ms O'GORMAN: Looking at the second sentence in that paragraph, is it your understanding that the reference to 'executive director' is a reference to Ms Parsons?

Ms Tuccori: Correct.

Ms O'GORMAN: And the reference there to 'clinical care manager' is a reference to yourself?

Ms Tuccori: Correct.

Ms O'GORMAN: The next sentence reads, 'Since commencing at the home, the new team has reviewed the delivery of care and services and implemented a range of improvement initiatives. Examples include'—can you see those words that I have just read out?

Ms Tuccori: Correct.

Ms O'GORMAN: Looking at the first bullet point, can you see there that it was indicated to the assessor at that time that 'the staffing model had been amended and a registered nurse is now rostered each night shift whereas previously this shift had been fulfilled by an enrolled nurse'?

Ms Tuccori: Yes.

Ms O'GORMAN: Was it any part of your work that resulted in the change to that arrangement?

Ms Tuccori: Correct.

Ms O'GORMAN: Can you tell us why it was that you moved to rostering on a registered nurse each night?

Ms Tuccori: Previously it was an enrolled nurse with a registered nurse on call. I felt it more beneficial to the residents and to the home to have 24-hour registered nurse care. Enrolled nurses, whilst they are still wonderful at what they do, cannot quite do as much as a registered nurse, and the time between identifying a need of a resident, calling the registered nurse for approval of giving a medication or a direction for something, versus having a registered nurse dealing with it in the heat of it, it is better for the consumer.

Ms O'GORMAN: During the time that you were employed at the facility did the number of residents at Hibiscus House and Orchid House remain relatively stable at about 70, give or take?

Ms Tuccori: Yes, give or take.

Ms O'GORMAN: From the time that you were in that management position, how many nurses—registered nurses or otherwise—did you have rostered on each night shift?

Ms Tuccori: There was one registered nurse of a night.

Ms O'GORMAN: Was that registered nurse assisted by any AINs or ENs?

Ms Tuccori: Correct.

Ms O'GORMAN: How many of those?

Ms Tuccori: There was between four and five per night.

Ms O'GORMAN: By 'between four and five per night', do you mean in addition to the registered nurse—

Ms Tuccori: Correct.

Ms O'GORMAN:—or in total?

Ms Tuccori: No, no, in addition.

Ms O'GORMAN: And would they have been AINs or ENs?

Ms Tuccori: They were AINs.

Ms O'GORMAN: On a night shift you had in place a system where there would be one registered nurse and four or five AINs?

Ms Tuccori: Correct.

Ms O'GORMAN: What was the nursing ratio that you had in place during a day shift at that time?

Ms Tuccori: We had one registered nurse alongside myself and a clinical nurse. We had three EENs in Orchid House, where there was, I believe, 31, give or take. There were four AINs or PCs in Hibiscus House, where there was between, again give or take, 40 to 50. There were seven AINs in addition to the two ENs.

Ms O’GORMAN: Were the ratios of nurses to residents consistent with the ratio of nurses to residents at the other aged-care facilities you had worked at previously?

Ms Tuccori: From my recollection, there was more within my home that I was managing, rather than the ones I had worked at.

Ms O’GORMAN: Previously?

Ms Tuccori: Previously, yes.

Ms O’GORMAN: Did you engage with anyone else, such as Karen Parsons, in coming to the decision about the appropriate ratio of nurses to residents?

Ms Tuccori: Correct.

Ms O’GORMAN: Who was it that you engaged with about that?

Ms Tuccori: With Karen Parsons. Together we re-did the roster, if you will, under the direction of Kris Bunker.

Ms O’GORMAN: I ask that the assessment contact report for the assessment that was done in June 2019 be put on the visualiser. Ms Tuccori, can you see there on the visualiser there is another assessment contact report, this time one made in respect of the assessment which was conducted on 25 June 2019?

Ms Tuccori: Correct.

Ms O’GORMAN: That is the second assessment or spot check that you recall occurring while you were employed at HelpStreet?

Ms Tuccori: Correct.

Ms O’GORMAN: I appreciate that this is not a document which you created. I ask, please, that we go to page 5 of this document. You might be able to see there a heading ‘Response to seven opening questions’?

Ms Tuccori: Yes.

Ms O’GORMAN: We can see there that there are in fact seven bullet points?

Ms Tuccori: Yes.

Ms O’GORMAN: I ask you to have a look at the sixth of those bullet points for me, please. Can you see these words: ‘Care recipients are prescribed regular and as-needed psychotropic medications’?

Ms Tuccori: Yes.

Ms O’GORMAN: Is that information that the assessor would have received from you or someone within your team?

Ms Tuccori: Yes. I contacted the pharmacies that provide the medications and they were able to give me the numbers.

Ms O’GORMAN: Can you see the next sentence reads, ‘The service utilises chemical and physical restraint’?

Ms Tuccori: Correct.

Ms O’GORMAN: Is that information that you would have provided to the assessor?

Ms Tuccori: Correct.

Ms O’GORMAN: The next sentence reads, does it not, ‘There are currently 71 per cent of care recipients receiving psychotropic medication’?

Ms Tuccori: Correct.

Ms O’GORMAN: Firstly, is that correct? Is that your understanding of the percentage of aged-care residents who were receiving psychotropic medication as of June 2019?

Ms Tuccori: I would question whether or not they were PRN or regular because a lot of them were just PRN, which was as needed, and may not or have never been utilised.

Ms O’GORMAN: Is that something that you now are able to clarify for us one way or the other, or are you just simply not sure about that?

Ms Tuccori: I could not right now. I actually went through all medication charts and was reviewing the psychotropic medications and working with the GPs to try and reduce as much as possible but obviously remain safe with the residents and keep their care needs met, but I cannot quite recall exact.

Ms O’GORMAN: Is the reference in the previous sentence to ‘chemical restraint’ a reference to the psychotropic medications?

Ms Tuccori: It can be, yes.

Ms O’GORMAN: Can you see in the next sentence then, ‘Both areas of the service are secure and care recipients can only exit using a key pad’?

Ms Tuccori: Correct.

Ms O’GORMAN: Is that information that you would have provided to the assessor?

Ms Tuccori: Yes.

Ms O’GORMAN: Finally, can you see this sentence: ‘50 per cent of care recipients have physical restraint’?

Ms Tuccori: Yes.

Ms O’GORMAN: Is that information that you would have provided to the assessor?

Ms Tuccori: It would have been, yes.

Ms O’GORMAN: Is it accurate information—that is, as of June 2019, is it the case that 50 per cent of your recipients had some form of physical restraint?

Ms Tuccori: I cannot recall exact. I feel as though it probably was not, but that is just my gut feeling.

Ms O’GORMAN: I do not mean to cut you off—

Ms Tuccori: That is fine.

Ms O’GORMAN:—but I do want to be quite clear about this. You would have been well aware, would you not, when an assessor from the regulatory body attended on 25 June 2019 that it was a very serious matter—

Ms Tuccori: Of course.

Ms O’GORMAN:—to provide correct and up-to-date information to that assessor?

Ms Tuccori: Correct.

Ms O’GORMAN: You were in the most senior managerial position, so far as the clinical staff went?

Ms Tuccori: Correct.

Ms O’GORMAN: You would have been at pains, I take it, to provide the most correct and up-to-date information to that assessor?

Ms Tuccori: Correct.

Ms O’GORMAN: If the assessor has indicated there, assuming he or she has done so correctly, that 50 per cent of care recipients have physical restraint, is it not the case that we could be satisfied that it must have been 50 per cent of care recipients?

Ms Tuccori: Yes.

Ms O’GORMAN: Having clarified that, can we turn now to what you meant when you told the assessor that 50 per cent of care recipients had physical restraint? That is, what is the nature of the physical restraints that were being used at the facility as of 25 June 2019, please?

Ms Tuccori: Predominantly it would have been bed rails, whether it be for their safety or their personal choice—some residents do use them to mobilise in the bed; it helps to promote their independence—or it would have been lap tables. When they are in the chair, it is a table that locks in which keeps them safe and stops them from falling out of the chair, essentially. They were the two that were used.

Ms O’GORMAN: Beyond those two that you have indicated were used, were there any others that were being used, even from time to time?

Ms Tuccori: Not to my knowledge, no.

Ms O'GORMAN: Firstly in relation to the staffing ratios that you implemented in your time at Earle Haven, in your view were they appropriate and adequate to meet the needs of the care recipients at Earle Haven?

Ms Tuccori: Yes.

Ms O'GORMAN: In relation to the use of chemical and physical restraints, in your view were they appropriate and adequate, but no more than necessary, to meet the needs of the care recipients in the facility?

Ms Tuccori: Yes.

Ms O'GORMAN: I am going to take you now to another document, and I will ask that it be placed on the visualiser, please. This is a document headed 'Earle Haven residents meeting held in auditorium, Wednesday, 20 March 2019, opened 10 am'. Can you see that there, Ms Tuccori?

Ms Tuccori: Yes.

Ms O'GORMAN: In this document there are a number of words and names that have been blacked out. I do not have access to the documents that do not have the blacking out. I am going to have to ask you whether you were an attendee at that meeting?

Ms Tuccori: Yes.

Ms O'GORMAN: You were?

Ms Tuccori: Yes.

Ms O'GORMAN: Are you the facilitator?

Ms Tuccori: No, I was at the back. We were not actually invited to the meeting as HelpStreet, but we went.

Ms O'GORMAN: What is indicated there, although there are some redactions, is that there was a facilitator of the meeting and then the attendees were comprised of Mr Miller and approximately 60 residents, and family and friends of those residents. Does that accord with your recollection of who the attendees were?

Ms Tuccori: Yes. The residents were predominantly from the village, which was outside of the residential home. There were some residents' families who attended and a handful of residents from the home.

Ms O'GORMAN: I take it that you did not compile this document?

Ms Tuccori: No.

Ms O'GORMAN: I am bearing that in mind when I ask you the following questions. If we could scroll down just a little, I am interested in the paragraph that commences with a blanked out word and then 'concerned about casual staff in the nursing home'. Can you see that paragraph that I am talking about there, Ms Tuccori?

Ms Tuccori: Yes.

Ms O'GORMAN: Is it your understanding that the reference to the nursing home is a reference to Hibiscus House and Orchid House, or some other part of the facility?

Ms Tuccori: No, it would be Hibiscus and Orchid.

Ms O'GORMAN: We can see there, assuming that these minutes are correct, that somebody indicated that they were concerned about casual staff in the nursing home.

Ms Tuccori: We, in fact, had no casual staff in the nursing home. A directive given to Karen Parsons and myself from Kristofer Bunker was to make the casual staff permanent staff. Those who did not wish to come across left.

Ms O'GORMAN: Were you responsible for the hiring and firing of your clinical staff?

Ms Tuccori: To a degree, yes.

Ms O'GORMAN: Do you recall somebody saying, and I am looking still at that same paragraph—

He says all good staff have been put off. Gave an example of an incident which involved his wife and a casual staff member, the outcome of which was not satisfactory.

Do you recall someone saying that?

Ms Tuccori: No.

Ms O’GORMAN: All right, let us assume for the moment that somebody did. What is your comment on the veracity of whether all good staff had in fact been put off?

Ms Tuccori: We unfortunately—and it is unfortunate that it does happen—had to let some staff go due to elder abuse. Some staff who did not wish to go permanent chose to leave of their own accord, not to do with HelpStreet. Other than that, no-one was fired for anything untoward that was not necessary.

Ms O’GORMAN: You mentioned that there was an unfortunate situation that arose because a number of staff had to be put off for elder abuse. Can I clarify what you mean by that? Firstly, are you indicating that during your time at HelpStreet there were complaints by care recipients that they were the victim of elder abuse at the facility?

Ms Tuccori: It was reported by staff, not by care recipients.

Ms O’GORMAN: When you say ‘supported by staff’, what do you mean by that?

Ms Tuccori: It was reported by staff.

Ms O’GORMAN: Reported by staff?

Ms Tuccori: Yes.

Ms O’GORMAN: I am sorry. Is what you are telling us that you received reports by staff members that there was elder abuse occurring at the facility?

Ms Tuccori: Correct.

Ms O’GORMAN: Was it your understanding that those reports related to elder abuse at the hands of staff members towards care recipients?

Ms Tuccori: Correct.

Ms O’GORMAN: How many staff members were subject of allegations that they were involved in elder abuse?

Ms Tuccori: Three.

Ms O’GORMAN: That was during your time there, from November 2018 to July 2019?

Ms Tuccori: Correct.

Ms O’GORMAN: Was it the case that the allegation was that all three were involved together in the elder abuse?

Ms Tuccori: No.

Ms O’GORMAN: Three separate staff members were alleged to be engaging in elder abuse towards care recipients?

Ms Tuccori: Correct.

Ms O’GORMAN: To be clear, their reports were not just coming, if at all, from the care recipients themselves but from other staff members?

Ms Tuccori: Correct.

Ms O’GORMAN: Concerned staff members?

Ms Tuccori: Correct.

Ms O’GORMAN: What did you do, if anything, to escalate the reports given to you of elder abuse occurring at the facility at that time?

Ms Tuccori: We had a zero-tolerance take on it all. The staff members were immediately stood down with pay, and investigations were taken upon it. We had to fill out all the correct paperwork and lodge it with the department and the police and then follow the correct routes to dismissal.

Ms O’GORMAN: To your knowledge, was the correct paperwork, as you referred to it, in fact completed by you or others and provided to the department?

Ms Tuccori: Yes.

Ms O’GORMAN: You are talking about the Commonwealth Department of Health and Ageing?

Ms Tuccori: Yes.

Ms O’GORMAN: To your knowledge, was the correct paperwork in fact filled out and provided to the Queensland police?

Ms Tuccori: There is no paperwork. It is a phone call to the Policelink and then they deal with it as they see fit.

Ms O’GORMAN: Let me understand this: was it you personally, in each of those instances, who made the telephone call to Queensland Policelink, or somebody else?

Ms Tuccori: Myself.

Ms O’GORMAN: In respect of each of those three staff members, you personally made a telephone call to Queensland Policelink?

Ms Tuccori: Yes.

Ms O’GORMAN: Did you speak to an officer each time or leave a message?

Ms Tuccori: You speak to someone on the phone and then they pass it on and then the officers call you back.

Ms O’GORMAN: On each occasion, did you in fact receive a telephone call back?

Ms Tuccori: Yes.

Ms O’GORMAN: On any or all of those occasions, did a police officer investigate with you further about those allegations?

Ms Tuccori: No.

Ms O’GORMAN: Having not had any further contact from someone from the QPS, as I understand you to be saying, did you take it upon yourself to follow up?

Ms Tuccori: Yes.

Ms O’GORMAN: What did you do?

Ms Tuccori: We stand the staff member down. We have the residents reviewed by doctors. I review them myself. It was not so much physical abuse, but elder abuse has quite a lot of umbrellas, all of which need to be taken seriously and dealt with in very much a similar manner, which we did. All staff members, as soon as we received reports, were stood down. They did not come back onto the floor. They did not come back into contact with any residents. There was one who did try to come back into the home as a personal visit, which we had to excuse for obvious reasons. Yes, they were all dealt with effectively, I feel.

Ms O’GORMAN: My question was, in fact, geared to what further steps you took to escalate your report to the Queensland Police Service.

Ms Tuccori: I understand. With some of them it is quite difficult, because they mostly deal with the unreasonable use of force, whereas some of them were perhaps verbal or isolation, so it is a little bit harder to obviously lay a charge or anything like that, so I can understand.

Ms O’GORMAN: Did any of the three involve an allegation of an unreasonable use of force?

Ms Tuccori: Yes.

Ms O’GORMAN: How many?

Ms Tuccori: One.

Ms O’GORMAN: In respect of that one, did you do anything to take further the report that you initially made to the Queensland Police Service?

Ms Tuccori: The Queensland Police Service did say it was more of a self-defence, because it was in a reaction to a resident becoming violent. I can understand what they mean, but—

Ms O’GORMAN: Just so that I can understand your answer there, is that something that you were in fact told by an officer of the Queensland Police Service or something that you are assuming they might have considered?

Ms Tuccori: No, I was told.

Ms O’GORMAN: Can we return then to this document up on the screen. We might move down a number of paragraphs, perhaps down to the one which commences, at the top of the screen presently, with these words, name blanked out—

... summed up last comments in a situation where, say on a weekend when several people become ill and there is a shortage of staff, there should be more casual staff available that can be drawn on to help out. In short, not enough staff most of the time.

Can I ask you to give us your view of the veracity of that observation—that is, that there was not enough staff most of the time at the facility?

Ms Tuccori: I do not feel as though that is the case. There was never a day, whilst I was there, when cares were not done, that residents who wanted a shower were not showered.

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Ms O'GORMAN: What about if we move on to the next paragraph. It appears that another speaker whose name is blanked out spoke about there not being an actual ratio of staff to patient.

... father is resident of HH—

we can assume that is Hibiscus House—

... and has been there for three years. Up until about eight months ago they were very satisfied with everything, but again she claimed that there are no staff ratios in aged care and that is the problem. There are never enough staff to look after our needs.

Do you agree that that is a fair characterisation?

Ms Tuccori: There are no ratios for staffing in aged care, no. It is sort of up to management to identify the needs of the residents and ensure that is catered for.

Ms O'GORMAN: My question is really geared towards the last sentence that I read out—that is, that person's observation that 'there are never enough staff to look after our needs'. Do you agree that that is a fair characterisation of the staffing situation at Earle Haven in March 2019?

Ms Tuccori: Personally, no.

Ms O'GORMAN: I will not take you through each of the remainder of these minutes. We might just use this first one as an example of what is contained in the minutes. The same speaker—

... gave an example of her father. He is not incontinent but needs two staff members to take him to the toilet when he needs to go. Often there are no staff members in the dining area, not one, and yesterday they asked a staff member to take him to the toilet and they were all going to a meeting, all care staff at the same time. It took a nurse and a carer to take him and, by the time they did, it was too late. A person's dignity when they get older means a lot.

The person whose name is blanked out also spoke about the place being filthy—

They have often spoken to management about this. Her father has a mat next to his bed, which is also filthy. She doubts whether it has been cleaned in the last six months. No towels in the bathroom. Chairs in dining room are also filthy. Her family does not like to sit on them. Glass doors have hand marks that have not been cleaned for at least a week or two. All this comes under the umbrella of 'cleanliness and health'. All these issues have been brought up many times. This is about putting off good staff and replacing them with casual or agency staff. A lot of them are not very caring at all. Her father is blind in one eye and he needs to be talked to and things explained to him. This is not done and it is very upsetting for him.

Can I you ask, firstly, do you recall a speaker relating that example during the meeting?

Ms Tuccori: Yes, I do.

Ms O'GORMAN: Do you accept that instances like that being described as an example by that speaker did take place at the facility in about the period of March 2019?

Ms Tuccori: It did. However, it was not long after that Karen had actually orchestrated new cleaning staff which she took over. We were contracting out and she employed our own cleaning staff and redid the hotel services within the home. The feedback was quite positive from residents and family members.

Ms O'GORMAN: Do I take it from your answer then that it was not until sometime after 20 March 2019 that Ms Parsons took that action?

Ms Tuccori: I cannot recall the date, but I am sure you can appreciate there was a lot to do and it is quite a big job as well. As well as she had people to, I suppose, answer to and get approval from to do such things.

Ms O'GORMAN: I said that I would not take you through the detail of the remainder of those minutes, but if we just have them scrolled through you will be able to see that the minutes run for several pages—in fact, 6½ pages—and I will ask you this: firstly, do you recall that the remainder of the meeting was in fact taken up with observations and complaints by other residents and family members about the care that they were receiving at Earle Haven?

Ms Tuccori: Yes.

Ms O'GORMAN: You have indicated that you do not accept, to a large extent, the observations and complaints that were being made at that time, as I understand it?

Ms Tuccori: Obviously that is how they felt at the time, yes.

Ms O'GORMAN: To what extent prior to 20 March 2019 were you or your team informed about complaints by care recipients?

Ms Tuccori: Most of them went through to Karen Parsons, the executive director. We were very open to taking complaints and always endeavoured to fix them, if you will, via any means possible. I would always give out my number to family members, to residents if they needed to contact me, my email. Any complaints we did our best to resolve.

Ms O’GORMAN: I am going to move now to some questions related to your knowledge of the difficulties at Earle Haven in the days leading up to 11 July 2019 and then finally to some questions about your involvement in the events that unfolded on 11 July 2019. Can I start with your involvement or knowledge of the difficulties in the lead-up to that date. Can you recall when it was that you first became aware that there was a significant or catastrophic breakdown in the relationship between People Care and HelpStreet relative to 11 July 2019?

Ms Tuccori: I was not informed until 10 July. At approximately 7 pm I received a phone call from Karen Parsons to say that something was happening. I could not quite ascertain as to how large and I certainly did not think it would have been as large as what it was. She basically had just said that there was some money owing and that Kris Bunker has said that if it is not paid I believe the terms were ‘we are out’. My understanding of that was that us as the management team would be taken out or that HelpStreet would be removing from the home and that Mr Miller would be taking back over.

Ms O’GORMAN: Were you told at that point in time what period of time was being envisaged by the others?

Ms Tuccori: I cannot remember exactly now, but it was sort of like either going to be the next day or sometime in August. I recall 9 August, but I am not 100 per cent certain.

Ms O’GORMAN: What did you do, if anything, personally in reaction to having had that news provided to you?

Ms Tuccori: I was told to come in quite early the next morning, which I did—so about 7 am—for further debriefing, I suppose you could say.

Ms O’GORMAN: Did you do anything else between having received the information you have already described on the previous day and attending at 7 am on the 11th?

Ms Tuccori: No, I did not.

Ms O’GORMAN: Were you aware, then, prior to your arrival at the facility at seven o’clock on the 11th that the server or computers from the facility had been removed?

Ms Tuccori: Yes. I was told that they were going to be upgraded.

Ms O’GORMAN: When were you told that?

Ms Tuccori: 10 July at about 2 pm.

Ms O’GORMAN: Were you working at that point in time?

Ms Tuccori: I was, yes.

Ms O’GORMAN: Who told you that they were going to be upgraded?

Ms Tuccori: Karen Parsons.

Ms O’GORMAN: Were they in fact removed while you were there at the facility?

Ms Tuccori: I was not informed of such, so I cannot make allegations.

Ms O’GORMAN: You, I take it, did not observe any computers being removed?

Ms Tuccori: I did not, no.

Ms O’GORMAN: What time did you finish work on that day?

Ms Tuccori: I would have been scheduled to finish about 4 pm.

Ms O’GORMAN: Were the computers there when you arrived the next morning at 7 am?

Ms Tuccori: No.

Ms O’GORMAN: Is it correct that the computer system and the server contains the following information—and I will set it out one by one: firstly, a record of the medications that each of the residents at the facility are on?

Ms Tuccori: No.

Ms O’GORMAN: They do not contain that?

Ms Tuccori: No.

Ms O’GORMAN: Where is that contained?

Ms Tuccori: They are in the medication charts located in the treatment rooms of both buildings.

Ms O’GORMAN: So a physical paper chart?

Ms Tuccori: Yes.

Ms O’GORMAN: Not backed up electronically?

Ms Tuccori: No.

Ms O’GORMAN: Your recollection is that the medication records for each of the patients were only located on a paper chart at the facility?

Ms Tuccori: Yes.

Ms O’GORMAN: Did you think that was appropriate or sufficient?

Ms Tuccori: That was the model that we had. We had discussed going computer based, but it was something that we would have had to work towards, given that only one of the pharmacies was able to offer that. To have computers and paper and all that, I felt it would be too confusing for the staff.

Ms O’GORMAN: You felt it was too confusing, did you say?

Ms Tuccori: Yes.

Ms O’GORMAN: What records or documents were kept on the server, then?

Ms Tuccori: Progress notes, care plans.

Ms O’GORMAN: Can I just stop you there. For each one of these I will ask you whether or not there were hard copies kept at the facility. Starting with progress notes, were they also in hard copy at the facility?

Ms Tuccori: No, they were all on the Manad system that we used there.

Ms O’GORMAN: The next one you mentioned was care plans. Were they also paper based and kept at the facility?

Ms Tuccori: There would have been an outdated one in their personal file but not an updated one, no.

Ms O’GORMAN: What about next-of-kin records? Were they kept on the server, on paper or a combination of both?

Ms Tuccori: Both.

Ms O’GORMAN: Were the next-of-kin records, according to your recollection, up to date as of 11 July 2019, and I am specifically referring to the paper based ones?

Ms Tuccori: I am not sure of that one, no.

Ms O’GORMAN: Whose responsibility was it to ensure that the next-of-kin records were kept up to date?

Ms Tuccori: I believe the administration ladies at the front desk did that, but given that they are legal with enduring powers of attorney I do not think they would change very often.

Ms O’GORMAN: Is that something that would come under your responsibility as the clinical care coordinator or under Karen Parsons’ responsibility?

Ms Tuccori: It would probably be both.

Ms O’GORMAN: What steps, if any, had you taken prior to 11 July 2019 to ensure that they were up to date, both on the server and on paper?

Ms Tuccori: As far as I was aware they were.

Ms O’GORMAN: Is that something you had turned your mind to in the days leading up to 11 July 2019?

Ms Tuccori: No.

Ms O’GORMAN: When you talk about the progress notes and the care plans, did you indicate that they were or were not kept in hard copy at the facility?

Ms Tuccori: They were not.

Ms O’GORMAN: When outsiders arrived to assist with what was occurring on 11 July 2019, is it your evidence that they could not and did not have access to those documents?

Ms Tuccori: Correct.

Ms O’GORMAN: You arrived at, on your recollection, 7 am on 11 July 2019?

Ms Tuccori: Correct.

Ms O’GORMAN: What inquiries did you make at that point in time about the status of the relationship between People Care and HelpStreet?

Ms Tuccori: I did not make any personal inquiries, but I was told that at 9 am there would be a meeting with the key personnel to discuss that.

Ms O’GORMAN: To your recollection was there, in fact, a meeting at 9 am?

Ms Tuccori: Yes.

Ms O’GORMAN: Who chaired that meeting?

Ms Tuccori: Kristofer Bunker.

Ms O’GORMAN: He was there in person at the time?

Ms Tuccori: Yes.

Ms O’GORMAN: Do you know how long he had been in Australia for?

Ms Tuccori: I recall it being the day before, but I am not 100 per cent.

Ms O’GORMAN: To your knowledge, was he in Australia because of this issue or because of something else—or you simply did not know?

Ms Tuccori: I did not know.

Ms O’GORMAN: Was Mr Miller present at that meeting?

Ms Tuccori: No.

Ms O’GORMAN: What was the upshot of that meeting?

Ms Tuccori: It was that the money was owed, Kris was discussing with both Mr Miller and Mr Miller’s lawyers and trying to reach a resolution. He said that they were doing it by email and that they had some meetings throughout the day and that he would keep us up to date.

Ms O’GORMAN: When you say that money was owed, was it your understanding that Mr Bunker was of the view that money was owed by People Care to HelpStreet?

Ms Tuccori: Correct.

Ms O’GORMAN: Did Mr Bunker tell you or any of the other staff present at that meeting what was going to occur if that money was not paid?

Ms Tuccori: Not to the extent that it had happened.

Ms O’GORMAN: To what extent did he tell you anything?

Ms Tuccori: Again, he had said that if we obviously were not paid that HelpStreet would be taken out of there as he would not be able to pay us staff.

Ms O’GORMAN: What sort of time frame was put around that? When was he expecting to be paid?

Ms Tuccori: I believe it was 12 o’clock.

Ms O’GORMAN: 12 o’clock that day?

Ms Tuccori: Yes.

Ms O’GORMAN: 12 pm or 12 am?

Ms Tuccori: Lunchtime.

Ms O’GORMAN: Your understanding at 9 am from Mr Bunker was that he had given People Care until midday to make payment of the moneys which were owing.

Ms Tuccori: Correct.

Ms O’GORMAN: Or he would be getting HelpStreet out of the facility?

Ms Tuccori: Well, he would not be able to pay staff is what he said.

Ms O’GORMAN: What was your understanding as to the quantum of money in dispute between Mr Miller and Mr Bunker?

Ms Tuccori: He did say something around \$3.2 million, but he did not specify why or—

Ms O’GORMAN: According to your recollection, Mr Bunker said that he was expecting something like \$3.2 million to be paid by midday?

Ms Tuccori: He said that was the amount owing but that he wanted some form of deposit to show that going forward Mr Miller would in fact pay. He had mentioned that there were some problems with payments in the past but did not specify, and I did not ask further detail.

Ms O'GORMAN: Your recollection is that he indicated that if it was not done or some steps at least were not taken by midday that day he—Mr Bunker—would not be able to continue to pay staff; have I characterised that correctly?

Ms Tuccori: Correct.

Ms O'GORMAN: Did he say anything at that time about the requirement to pull HelpStreet staff out of the Earle Haven facility?

Ms Tuccori: He probably did not have that ability. Obviously people have their own choice, but he would not be able to pay them and thus it would be more volunteer.

Ms O'GORMAN: Was it your understanding, from what he told you, that it would then be up to the individual employees as to whether they remained at the facility or left?

Ms Tuccori: Correct.

Ms O'GORMAN: Did anyone, to your recollection, say anything at that meeting about the undesirability of care providers leaving the facility at any time that afternoon?

Ms Tuccori: I later raised it at about 10 o'clock, at the next meeting, when I said that we need to focus on what is going to happen with the residents and come up with a plan.

Ms O'GORMAN: How many staff members were in fact rostered on and there on the ground at 10 am, say, on 11 July 2019?

Ms Tuccori: It was full staff: the regular registered staff, three EENs and approximately 11 AINs—approximately.

Ms O'GORMAN: You have mentioned the next meeting occurring at 10 am. Can you tell us please what the upshot of that meeting was?

Ms Tuccori: It was much the same. He just said they still had not received payment. He said he felt he would not receive payment, but nothing was set in stone.

Ms O'GORMAN: Did any staff members leave at that point in time?

Ms Tuccori: No.

Ms O'GORMAN: What was the next thing that occurred after the 10 am meeting?

Ms Tuccori: At the 10 am meeting he had asked Danny, one of the client services people, to organise a removal truck for HelpStreet items that were purchased during the time there, which he did. I believe that is probably when they were doing the mattress audit, because we had purchased 14 mattresses. He had given the direction to do that.

Ms O'GORMAN: Did anyone at that meeting indicate that they thought it would be inappropriate for removalists to be engaged to remove infrastructure on that day?

Ms Tuccori: No. He did ask if it was clinically safe and I said so long as we can replace like for like so we are not leaving anything bare.

Ms O'GORMAN: Did you understand at that point in time that what was going to be removed were things like mattresses off residents' beds, fridges, food trolleys and the like?

Ms Tuccori: Not the fridges or food trolleys but the mattresses—but, as I said, I said if we can replace like for like.

Ms O'GORMAN: Was it your understanding that the removal of those 14 mattresses might involve the taking out of bed of residents to remove the mattress, put a new mattress on and put that resident back into bed? Was that a possibility?

Ms Tuccori: No. That did not happen and I would not have let that happen.

Ms O'GORMAN: How did that not happen?

Ms Tuccori: I believe the removalist came about lunchtime, when most of the residents were in the dining room. We were doing renovations at the time, so quite a lot of the beds and rooms were empty anyway and a lot of the mattresses were in those rooms so they had no residents in them.

Ms O'GORMAN: What about the pan room? We have heard evidence that basic but fundamental equipment such as mops and the like were removed from the pan room. Firstly, do you agree that the removal of those items did occur on that day?

Ms Tuccori: I do remember seeing that, yes.

Ms O'GORMAN: Secondly, did you do or say anything to prevent those items being removed?

Ms Tuccori: No, when that was happening it was when the chaos was gearing in and my attention was less on the mop buckets and more on the residents' safety.

Ms O'GORMAN: After that meeting at approximately 10 am, was there any further meeting chaired by Mr Bunker that day?

Ms Tuccori: He held some meetings with the staff on the floor at, I recall it to be, about one o'clock to let the staff know what had happened throughout the day. I believe he told them that we had gone into administration. At that point, some of the staff did leave. Mr Miller came down and I believe that is where some of the footage came from for the news.

Ms O'GORMAN: You said that you were informed that you had gone into administration. Did you have any understanding of what that phrase meant?

Ms Tuccori: I did not, no.

Ms O'GORMAN: You said some staff left at that point in time. Do you recall how many left?

Ms Tuccori: Not very many. I believe some of them had actually finished their shift.

Ms O'GORMAN: What time were you rostered to be at the facility to that day?

Ms Tuccori: Until four.

Ms O'GORMAN: Four pm. We know that you did not leave at least before the triple 0 call was made at approximately 1.30.

Ms Tuccori: Yes.

Ms O'GORMAN: Whose decision was it to make that triple 0 call?

Ms Tuccori: It was made as a group decision, if you will.

Ms O'GORMAN: Who was the group involved?

Ms Tuccori: Myself, Karen—the key personnel, basically—Kris, David. I obviously had not been in a predicament as such and was not really sure how to handle it. I had no idea what staff would stay. I did not know if the night shift would be covered. I did not know if the next morning would be covered. It raises a lot of concern. If I cannot ensure that those residents will be safe, it is my duty to escalate that to someone and, obviously, get help.

Ms O'GORMAN: Did you have any discussion with Mr Bunker prior to making the triple 0 call about whether Mr Bunker would ensure there were sufficient staff on that afternoon and into the night to care for the residents?

Ms Tuccori: Because he could not pay the staff, it sort of almost was like he washed his hands, I suppose.

Ms O'GORMAN: Can I be clear: did he tell you expressly—and I do not mean just you, but did he tell you and others—that he would not be paying the wages of the staff that afternoon?

Ms Tuccori: He said he could not.

Ms O'GORMAN: We have heard the triple 0 call that you made. Where were you in the facility at the time you made that call?

Ms Tuccori: I was at the nurses station in Hibiscus House.

Ms O'GORMAN: It seems at various times there might have been conversations, not between you and the triple 0 operator but between you and other people. Do you recall now who it was that you were speaking to during that call?

Ms Tuccori: No.

Ms O'GORMAN: Okay. Following the making of the triple 0 call we have heard evidence that Queensland Ambulance Service personnel arrived and later in the afternoon personnel from the Gold Coast HHS. Do you have a recollection of people meeting those descriptions arriving at the facility?

Ms Tuccori: Yes, yes.

Ms O'GORMAN: You have heard some evidence of Mr Strong and Ms Willcocks today about the scenes that they saw when they arrived at the facility. Do you agree that the way they described the chaos at the facility was an accurate description of what was happening at that time?

Ms Tuccori: Yes, yes. It was very chaotic.

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Ms O'GORMAN: What did you do, if anything, in your engagement with either Mr Strong or anyone else from the QAS or the Gold Coast HHS to facilitate their taking control of the situation?

Ms Tuccori: When they did arrive I will admit I gave them control. I followed their direction. I attempted to assist as much as possible. I remained there until seven o'clock that night doing as much as I could for them, working with them, to the best of my ability. I worked alongside some of the staff who did stay. I tried to identify who was going to stay and help and who was just staying to stand around, because some of them did. Yes, I did my best.

Ms O'GORMAN: Did you personally have any engagement with any of the residents for the purposes of providing them with food, drink or their medication?

Ms Tuccori: No.

Ms O'GORMAN: Did you have any engagement or discussions with any of the residents at all throughout the course of that afternoon and evening?

Ms Tuccori: Yes, I did.

Ms O'GORMAN: Are you able to tell us your observations of the residents' emotional state that afternoon and evening?

Ms Tuccori: They were upset.

Ms O'GORMAN: Those are the questions that I have for Ms Tuccori. Thank you, Mr Chair.

CHAIR: Thank you, Ms O'Gorman. Ms Tuccori, I have a couple of questions before we move on to other members. I was going to ask you what compelled you to make the call, but I think you have answered that it was a group decision by HelpStreet staff.

Ms Tuccori: Yes.

CHAIR: To make the triple 0 call.

Ms Tuccori: Yes.

CHAIR: You gave evidence before about elder abuse and then three staff being put off. Are they registered staff?

Ms Tuccori: No.

CHAIR: Are they PCWs?

Ms Tuccori: Correct.

CHAIR: I was going to delve into what type of abuse you had encountered there or had been reported, but I imagine that would be on some kind of a register. Do you have a complaints register of staff?

Ms Tuccori: It is on a compulsory reporting register, yes.

CHAIR: Has that been provided as evidence?

Ms Tuccori: I am not sure.

CHAIR: Do we have any rosters that we can view? No? Okay. In your time there as clinical coordinator you would take complaints from residents. You spoke about that. Was there a complaints register that you kept?

Ms Tuccori: Correct, yes.

CHAIR: Are we able to see that? I do not know if we have that available. Are you able to provide that to us?

Ms Tuccori: As far as I am aware, everything has been left within the facility. It could still be there.

CHAIR: Would that have all the entries of complaints?

Ms Tuccori: Correct.

CHAIR: Whether verbal or in writing from residents or relatives?

Ms Tuccori: Correct.

CHAIR: Would that also have a register of any critical incidents such as falls, medication errors, any injuries? I believe we saw on the Viewer three reports or four reports of falls over a three-month period.

Ms Tuccori: Yes. All of that information was on Manad.

CHAIR: On what, sorry?

Ms Tuccori: Manad, the system that we use to put all of the care information in.

CHAIR: I would be interested to see if we can get any of that. In relation to food complaints—and I saw some of that in the minutes—what was the daily budget for residents for food? You may have to take that on notice.

Ms Tuccori: Yes, I am not sure about that. I do know that there was quite a lot but, again, alongside the cleaning, Karen Parsons commissioned a kitchen, I suppose you could say, and took it from being provided from Mr Miller to doing it yourself. We employed a chef manager and food attendants and hopefully improved the food. We got some pretty positive feedback from it.

Mr BERKMAN: You have referred in your evidence a couple of times to a David. David Lane?

Ms Tuccori: Lamb.

Mr BERKMAN: Lamb?

Ms Tuccori: Yes, sorry.

Mr BERKMAN: That is all.

Mr CRANDON: Thank you for attending today. You talk about the hierarchy within the two organisations HelpStreet and People Care, Mr Miller being at the top on the People Care side. Is Mr Bunker the CEO?

Ms Tuccori: It is my understanding that he is a CFO.

Mr CRANDON: Who was the CEO?

Ms Tuccori: David Lamb.

Mr CRANDON: And then there is Karen Parsons under Mr Bunker, or under Mr Lamb?

Ms Tuccori: Yes.

Mr CRANDON: And then down to yourself.

Ms Tuccori: Yes.

Mr CRANDON: Do you know if there is a board of directors? Is there another group of people overseeing—

Ms Tuccori: Not to my specific knowledge. I know that they did have other directors. I just cannot recall their names.

Mr CRANDON: ‘Other directors’ suggests that there is a board.

Ms Tuccori: Yes.

Mr CRANDON: We might see if we can get some more information in that regard as to who else is involved. In relation to some comments that you made around the medications not being put on the computer—they were kept in paper copy and decisions were made around that—are you aware of whether there is a document often referred to as a policy and procedures manual?

Ms Tuccori: Yes.

Mr CRANDON: You are?

Ms Tuccori: Yes.

Mr CRANDON: Is there a policy and procedures manual?

Ms Tuccori: Yes.

Mr CRANDON: Would you be able to point us in the direction of where we might find that document?

Ms Tuccori: In a roundabout way. We did use SharePoint, which is like an accessible one from numerous computers, but it is stored on, obviously, one big hard drive. I am not too sure where that is located now.

Mr CRANDON: Were there any hard copies?

Ms Tuccori: I am not too sure where they are.

Mr CRANDON: As far as you are aware, there is a policy and procedures manual of some description somewhere?

Ms Tuccori: Yes.

Mr CRANDON: As far as you are aware, the computers were taken prior to your arrival at seven o'clock on the 11th?

Ms Tuccori: Yes, they were taken the day before, at 2 pm.

Mr CRANDON: They were taken at 2 pm? You were in situ at the time they were taken?

Ms Tuccori: Yes. The servers were taken; the computers were left.

Mr CRANDON: You mean the monitors on the desks were there? The actual computer server was removed?

Ms Tuccori: To my knowledge. The server is, I suppose, like a brain that all the computers feed off.

Mr CRANDON: Yes.

Ms Tuccori: I think Manad is stored on there and the access to that is stored on there.

Mr CRANDON: That was removed?

Ms Tuccori: Yes.

Mr CRANDON: Did that ring any alarm bells for you? Did you indicate before that you were told that they were being upgraded?

Ms Tuccori: Yes. Because I was told it was being upgraded I envisioned—but perhaps should have inquired more. Actually, it was only told to me in passing. I was walking from one building to another and it was just dropped almost casually that they had been taken to be upgraded.

Mr CRANDON: Do you know who instructed whomever to remove those computers?

Ms Tuccori: I had no knowledge it was happening until it had already happened.

Mr CRANDON: You do not know whether it was Mr Miller or Mr Bunker?

Ms Tuccori: I would not imagine Mr Miller doing it, but I do not know who did it. I do not know who gave the directive. I am not sure.

Mr CRANDON: I want a little bit of clarification around staff leaving. It may already have been asked, but I just cannot recall it. Why did the staff leave? Were they instructed to leave? How many of them left? How did that come about?

Ms Tuccori: The only staff who were instructed to leave were those who did not want to be there or who were not going to assist. Essentially, no-one was instructed to leave. They were informed that they would not be paid or could not be paid. Not many did leave. There were only one or two that I can recall but, of course, some more turned up later. I am not too sure how they knew or what happened.

Mr CRANDON: I will leave it at that. Thank you.

Mr McARDLE: Thank you very much for your evidence today. You said you remained at the facility until 7 pm on the night of 11 July 2019. Patients were being removed from that facility for many hours after that. In fact, I think the last one went after midnight. Why did you leave so early in relation to the transfer of patients from Earle Haven to other facilities?

Ms Tuccori: That is a good question. I was actually told by the CEO and by the executive director that I probably should leave as I was embarrassing myself from being there and trying to help.

Mr McARDLE: I am sorry? You were embarrassing—

Ms Tuccori: Myself.

Mr McARDLE: Did they explain to you why a clinical nurse was embarrassing herself?

Ms Tuccori: They did not, no. However, Karen Heard had taken over on behalf of People Care. There were copious amounts of staff there. I almost felt like I was sort of in the way, hanging around, waiting for someone to ask me something while the chaos was happening. It was sort of hard to identify myself as what I needed to do or what I could do when everything seemed to be happening at once.

Mr McARDLE: If I am not mistaken, by 7 pm the QAS and the HHS, the health department, had taken over. They had taken full control of the facility.

Ms Tuccori: Yes.

Mr McARDLE: Did you make yourself known to these people?

Ms Tuccori: Correct.

Mr McARDLE: And they ignored you, you say?

Ms Tuccori: No. Anything that they asked me, I gave to them. Any questions that they asked, I told them. The other staff had brought over the medication charts. I went through the medication charts and just put some notes for whoever was giving the meds out for people who may have been aggressive or had dementia, things like that. I did as much little stuff that I could do that was not in the way.

Mr McARDLE: I take your comment, but you are a registered nurse.

Ms Tuccori: Yes.

Mr McARDLE: Did you not assist with the provision of medications that night in your capacity as a registered nurse to assist the QAS and the health department?

Ms Tuccori: There were other nurses giving out the medication.

Mr McARDLE: I am sorry, did you assist?

Ms Tuccori: I did not.

Mr McARDLE: Is there any reason you did not?

Ms Tuccori: It gets a bit tedious and almost dangerous if you have several nurses giving out medications in chaos like that. You do not know who has given what. It is better off to have one person give the medication, I feel.

Mr McARDLE: So you decided at seven o'clock it was time that you could leave the facility?

Ms Tuccori: Yes.

Mr McARDLE: Even though you were the clinical manager and you had the care and control of those patients, if not legally then certainly morally?

Ms Tuccori: Yes.

Mr McARDLE: You mentioned that you had been summoned by Mr Miller. Karen Parsons made this comment to the royal commission: 'Mr Miller was a bully and he was quite intimidating.' Do you agree with that?

Ms Tuccori: Yes, to a degree. I did not have as much contact with him as Karen Parsons did. He definitely was not someone who you would talk to and have like a chitchat conversation with.

Mr McARDLE: He would tell you what to do?

Ms Tuccori: Yes.

Mr McARDLE: He would not take an alternative perspective?

Ms Tuccori: No, absolutely not.

Mr McARDLE: It was his way or the highway?

Ms Tuccori: Yes.

Mr McARDLE: She described him, again to the royal commission, as quite volatile. Is that an accurate statement?

Ms Tuccori: That is her perception.

Mr McARDLE: Did you ever see anything in his nature or in his actions that would raise that term in your mind?

Ms Tuccori: Not so much in my mind, but, again, I did not have as much to do with him.

Mr McARDLE: Can you tell the committee the name of the removalist firm that was engaged?

Ms Tuccori: I believe it was Gold Coast Removals but I cannot be 100 per cent certain.

Mr McARDLE: That is okay. I note that you waited until two o'clock before you made the triple 0 telephone call. You arrived at 7 am that day and you had a belief that things were unravelling throughout the morning, so why was it seven hours down the track before you made the call?

Ms Tuccori: How do I explain it? I did not want to jump the gun and cause chaos that did not need to be caused, if that makes sense. I mean, perhaps if Mr Miller knew it was happening, he could have come up with a plan. Maybe he was going to offer to pay the staff. Perhaps he had staff previously organised. It could have been any number of things. Maybe he was going to pay and we were going to continue business as normal. Given that I was not sure what was actually going to happen, it was hard to make that exact judgement until 2 pm or 1.30 pm.

Mr McARDLE: Between 7 am and 1.30 or 2 pm, what steps did you take to ensure there would be sufficient care across all sectors provided to the residents if this was unravelling?

Ms Tuccori: Again, given that I was not sure what was going to happen, it was quite difficult. We kept being told that he was still trying to reach a resolution, and he kept saying that he did not want anything to happen to the residents. I guess I was being led by his plans, if you will, as best as I could. I had raised at 10 am, 'What are we going to do?' and he was saying, 'Hopefully, it doesn't get to that.'

Mr McARDLE: Who is 'he'? Mr Miller or Mr Bunker?

Ms Tuccori: Kris Bunker. I was not present at any of their meetings. Whether or not they had discussed further any details to do with care, I was not privy to that.

Mr McARDLE: In evidence to the royal commission, in your statement you said—

... 10 July I received a phone call from Ms Parsons stating Mr Miller owed HelpStreet a large sum of money and that we were out, either tomorrow, 11 July, after 12 pm or 9 August 2019.

You had a very clear indication then that the following day could really be a problem. Did you take any steps at that point in time?

Ms Tuccori: No. Again, I sort of took that more as HelpStreet would be taken out of the home and that Mr Miller would be taking back over. In that, that would make me think that he had a plan.

Mr McARDLE: You were then asked, 'Did you give any thought to contacting anyone on the 9th or the 10th?' I think the 9th refers to August. The question was, 'Did you give any thought to contacting anyone on the 10th?' You said, 'I was at a family function and wasn't really able to.' Where were you? With all due respect, you are the clinical manager of the facility. You have been warned. You were at a family function and you took no steps until the following day?

Ms Tuccori: Well, I mean, put in that situation, I would not even know who to call, to be honest with you. I have no idea who you would call. Again, I did not anticipate full closure of a home. Would you call nursing agencies? I do not know and who would pay them again? There are a lot of questions. Without direct contact with Kristopher Bunker to formulate these plans, I would not know how to.

Mr McARDLE: You also mentioned that there were three members of staff who were reported for elder abuse. Did you say one was physical abuse?

Ms Tuccori: I deemed it as that, yes.

Mr McARDLE: And you made complaints to the police in regard to all three matters?

Ms Tuccori: The physical one, yes.

Mr McARDLE: Not the other two?

Ms Tuccori: One was that a resident was isolated, which is not unreasonable use of force but I reported it anyway. I cannot quite remember the other one off the top of my head, but the paperwork is all filled out.

Mr McARDLE: You did report the physical abuse to the police. Which police station did you call?

Ms Tuccori: I called Policelink and then they follow it up.

Mr McARDLE: And they did not investigate the matter?

Ms Tuccori: Not to my knowledge.

Mr McARDLE: Thank you.

Ms PEASE: Thank you for coming in. With regard to the day in question, you had a meeting at nine o'clock. Did all staff attend that meeting or was it just you and Karen?

Ms Tuccori: It was just the key management team—no AIN or registered on the floor staff.

Ms PEASE: At the 10 o'clock meeting it was a similar cohort?

Ms Tuccori: The same, yes.

Ms PEASE: At what point did the rest of the staff discover that there was no money to pay them?

Ms Tuccori: It was about 1 pm.

Ms PEASE: Having said that, up until that point, residents thought that it was just a normal day: they got their breakfast, they got toileted, they got showered?

Ms Tuccori: Yes, absolutely.

Ms PEASE: They had all their medication?

Ms Tuccori: Yes.

Ms PEASE: I am just trying to put this together, because we have seen pictures with all the equipment being moved out. How did they get their lunch? It looked like there were lunch trolleys that were sitting out there that were being taken out.

Ms Tuccori: That was much later. It was approximately 2 pm to 3 pm.

Ms PEASE: What time did the residents have their lunch?

Ms Tuccori: It was 12.

Ms PEASE: The staff were told at about 12 o'clock and their primary concern was that they were not going to receive their pay?

Ms Tuccori: Correct.

Ms PEASE: What about the care of the patients with regard to all of the equipment being moved out? What about the safety of the residents? How did you deal with that? Did you say anything to the removalists or just let them go about their business?

Ms Tuccori: The removalists did not really take anything that would impact the residents' care. All the beds were replaced, as I said. The other thing they took were side tables, which again were replaced. I cannot comment on the mops and buckets, I am afraid. As for the fridge, I was told by the chef manager that there was one given back to Mr Miller when we replaced it. I do not feel as though the resident care was impacted upon.

Ms PEASE: Finally, for my own clarification, what time did the day shift end?

Ms Tuccori: It was 2.30 for a majority of them. It was staggered. Some of them finished at one, 1.30 or 2.30.

Ms PEASE: Thank you. I have no further questions.

Mr McARDLE: You have heard today Mr Strong give evidence and the Queensland Health assessment team provide information as to how they assessed the position, medically and otherwise, of the patients and the capacity of Earle Haven to provide care on an ongoing basis. They came to an assessment that they could not meet that care and those needs with what they saw at Earle Haven. You would dispute that?

Ms Tuccori: No, absolutely not, no.

Mr CRANDON: At 10 o'clock you still have your fingers crossed. You get to midday and nothing is happening. You made the phone call. There is quite a bit going on and I can understand, but you used the term, 'This is hilarious.' Where did that come from? What was running through your mind?

Ms Tuccori: I did not mean it as in 'this is hilarious'. I almost meant it as being obviously in shock—'How did it actually get to this?' I am sure you can understand it was a very stressful time.

Mr CRANDON: I just wanted to clarify that.

Ms Tuccori: It was by no means hilarious.

Mr McARDLE: Didn't you deny using that word to the royal commission?

Ms Tuccori: No. I believe he stammered and said a different word.

CHAIR: Have you or staff that you worked with at Earle Haven been paid moneys owing or your superannuation entitlements by HelpStreet?

Ms Tuccori: I personally have received a pay since. I do not believe it came from HelpStreet. I do have some superannuation owing, yes.

CHAIR: Thank you. Ms O'Gorman, the committee has finished with questions for Ms Tuccori.

Ms O'GORMAN: Thank you, Mr Chair. I do not have any questions either, so Ms Tuccori might be excused.

CHAIR: Thank you, Ms Tuccori, for appearing today.

Proceedings suspended from 1.42 pm to 2.30 pm.

HEARD, Ms Karen, Nurse Administrator, People Care Pty Ltd

Ms O'GORMAN: Ms Heard, can I confirm that your full name is Karen Ann Heard?

Ms Heard: That is correct.

Ms O'GORMAN: Is it the case that as of 2 August 2019 you were the nurse administrator for People Care Pty Ltd?

Ms Heard: It was actually appointed on 13 July.

Ms O'GORMAN: We might come to your appointment on 13 July a little later. Are you still employed by People Care?

Ms Heard: I am appointed through them as their nurse administrator and adviser.

Ms O'GORMAN: I would like to understand a little about when you first became engaged or employed by People Care. Can you tell us when that first occurred?

Ms Heard: In approximately November 2016 there was a three-month contracted position for a clinical nurse manager with People Care. I took up that role knowing that it was for the short term, as I was relocating to New South Wales at the time. When I took that position the manager explained to me that People Care was operating two nursing homes: Orchid House and Hibiscus House. They were seen as two separate homes at that time. They were both under sanction by the Department of Health. They were under sanction at that time for care issues that occurred throughout 2016. In December 2016 those sanctions were lifted and we were preparing for the accreditation of Orchid House in February 2017. We had that accreditation. We met all of the outcomes of that accreditation. Then soon after I left, which was the intention, at the end of the three-month contract.

Ms O'GORMAN: Before you move on to what occurred in May 2017 can I ask you some further questions around the three-month period of employment you have already spoken of. When you were employed in that capacity as clinical nurse manager were you based in Hibiscus House and Orchid House?

Ms Heard: That is correct, yes.

Ms O'GORMAN: Was that role essentially a clinical role at that time?

Ms Heard: Yes.

Ms O'GORMAN: Is it the case that when you started in November 2016 the sanctions that you have spoken of were already in place?

Ms Heard: They were already in place.

Ms O'GORMAN: We understand that there might have been an assessment by one of the Commonwealth regulatory bodies of Earle Haven in November 2016. Do you recall whether you were present during any assessment by one of the regulatory bodies in that month?

Ms Heard: Yes, I was. It was within the first week of my commencing employment there. I was part of that assessment contact visit.

Ms O'GORMAN: You said that your engagement with People Care concluded with that three-month period. You started to talk about May 2017. Can you return to that? Can I ask how it was that you came to be re-engaged with People Care at that time?

Ms Heard: At that time in May the home care department of People Care had also gone into sanction. It was identified in April that the department had concerns with the delivery of some of the home care aspects. People Care did not meet the time line for improvement, and as a result of that the department identified they were putting residents at risk and hence the sanctions were put in place. That was over a five-month period. I became engaged as the nurse administrator for home care, and those sanctions were lifted in October 2017 with a follow-up review audit assessing all of the outcomes at that time to be met.

Ms O'GORMAN: When you say that you were appointed as the nurse administrator for home care during that period of time—that is, from May through to October 2017—were you engaged in that capacity as the Commonwealth approved administrator?

Ms Heard: That is correct.

Ms O'GORMAN: Who facilitated your engagement there? Was it People Care directly or was it one of the Commonwealth bodies?

Ms Heard: People Care directly, but under the act by the department there needs to be a nurse administrator engaged whilst there are sanctions in place. There needs to be either a nurse administrator or a nurse adviser. Normally, it is the approved provider who will make that engagement.

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Ms O’GORMAN: Did you remain engaged in that role as nurse administrator for the entire period of the sanction?

Ms Heard: I did.

Ms O’GORMAN: We understand—and the royal commission heard evidence—that at one point one of the appointed nurse advisers or nurse administrators left during the period of the sanctions. That was not you, I take it?

Ms Heard: That is correct. I believe that was the previous year sometime throughout 2016 when the nursing homes were sanctioned.

Ms O’GORMAN: During either of these two periods that you talked about did you have personal engagement with Mr Arthur Miller?

Ms Heard: Yes, I did.

Ms O’GORMAN: What was the nature of your engagement with him? Was it regular?

Ms Heard: Very regularly, on a weekly basis, to report the happenings within home care. We were meeting a time frame for improvement and that needed to be delivered to the department. He was aware of that as well on a weekly basis through face-to-face conversations. He had access to that formal information as well.

Ms O’GORMAN: Do you recall whether there was any further assessment done by any of the regulatory bodies, or spot checks as we have heard them described?

Ms Heard: For home care?

Ms O’GORMAN: Yes.

Ms Heard: There were, but home care very rarely do any unannounced visits. We did have a visit on two occasions by the Aged Care Quality and Safety Commission, known as the agency at that time, so, yes, there were and I was present at those.

Ms O’GORMAN: To the extent that you have knowledge of the outcome of those assessments, what was the outcome on those occasions?

Ms Heard: They were all met.

Ms O’GORMAN: When you came back on board in May 2017, who did you have most direct contact with at People Care?

Ms Heard: Arthur Miller.

Ms O’GORMAN: How did you find your engagement with him during that period—either the first or second period, for that matter?

Ms Heard: We had a very professional relationship. We could discuss matters. At times Mr Miller voices his opinion quite—I would not have ever found him to be difficult to work with, but he likes to voice his opinion before there is opportunity for you to voice your own opinion. When given that opportunity, he will stop and listen. I never found him to be volatile or I do not believe that I ever felt bullied by him.

Ms O’GORMAN: I see. Thank you. You have spoken now about two separate periods of engagement with People Care. Were there any further ones?

Ms Heard: There has been a current one from May of this year through to now. I am currently engaged by People Care at this moment.

Ms O’GORMAN: Before we come to your current engagement, was there one between the period May and October 2017?

Ms Heard: Yes. From approximately June 2017 through to the end of October 2018 I was acting in the role of the manager. The Department of Health was aware that I was assisting with that period of time as well. The previous manager had left that position and I assisted with managing the home and then the team going forward with the reaccreditation at that time of both Hibiscus House and Orchid House. They had consolidated into one nursing home. Then we had an accreditation in the October, I believe, of 2017 and we were by December very successful with that reaccreditation. We achieved three years.

Ms O’GORMAN: You have mentioned that that period spanned June 2017 through to October 2018. Is it your recollection that there was a change in the management at Hibiscus and Orchid houses in about April 2018?

Ms Heard: That is correct.

Ms O’GORMAN: Can you tell us about your experience of that change?

Ms Heard: HelpStreet Villages were engaged. Mr Miller, I believe, over a one- or a two-year period had put out some—he had wanted to bring managers in or another approved provider in to take over the management of the aged care at those homes.

Ms O’GORMAN: To your knowledge, what was his motivation for wanting to do that?

Ms Heard: He had worked in aged care for many years and felt that maybe there could be assistance through another approved provider or a management team that could take it forward.

Ms O’GORMAN: Were you there when HelpStreet was in fact engaged by Mr Miller?

Ms Heard: I was.

Ms O’GORMAN: Did you have any particular or personal involvement in the creation of the business arrangement between People Care on the one hand and HelpStreet on the other?

Ms Heard: Not anything.

Ms O’GORMAN: Following the bringing on of HelpStreet in April 2018, did you then report in any way to anyone at HelpStreet?

Ms Heard: I did. I reported up to David Lamb and to Kristofer Bunker.

Ms O’GORMAN: At that time, who did you understand David Lamb to be?

Ms Heard: He was the CEO of Australia and New Zealand HelpStreet.

Ms O’GORMAN: Where was he based physically?

Ms Heard: Physically in Sydney up until I finished there at the end of October, early November.

Ms O’GORMAN: To your knowledge, what was Mr Bunker’s role within the organisation?

Ms Heard: I felt he was the global CEO of HelpStreet.

Ms O’GORMAN: Where was he physically located?

Ms Heard: Up until I believe the June or July of 2018 he was in Sydney and then he went to the United Kingdom.

Ms O’GORMAN: To what extent did either of those men regularly attend at Earle Haven?

Ms Heard: Initially Kris Bunker was there maybe for two or three weeks when it was transitioned over to their management. Both of them would fly in maybe one day a fortnight, one day a week, for short periods of time. I would not say eight hours; it may have been six hours. Sometimes Mr Bunker would stay longer and he would have engagement with Arthur Miller and/or myself later in the afternoon.

Ms O’GORMAN: During that period of time, did you have the opportunity to observe interactions between Mr Miller and Mr Bunker?

Ms Heard: Yes, I did, on one occasion.

Ms O’GORMAN: What was the nature of that interaction at that time?

Ms Heard: It was prior to any contracts being delivered and it was a discussion of how HelpStreet were going to go ahead with the management of the two homes.

Ms O’GORMAN: After April 2018 were you formally employed by People Care or by HelpStreet?

Ms Heard: I remained an external contractor with them both.

Ms O’GORMAN: When you say you were an external contractor, does that mean that you would render invoices to either or both of those organisations?

Ms Heard: To both those organisations.

Ms O’GORMAN: You mentioned that you remained there until about October 2018. What was the reason for your leaving at that time?

Ms Heard: I was entering into semiretirement—my husband and I had relocated—and to commence a business.

Ms O’GORMAN: Were you involved in the interviewing or arranging for a replacement of your role?

Ms Heard: Yes, I was.

Ms O’GORMAN: Who, to your knowledge, took over as your replacement?

Ms Heard: Karen Parsons.

Ms O’GORMAN: Was there a period where both you and Ms Parsons worked at Earle Haven concurrently?

Ms Heard: Approximately three weeks. I do not believe it was any longer than three weeks.

Ms O’GORMAN: That is the third period of time that you have spoken of where you have been engaged by either People Care or HelpStreet. You have mentioned there is a fourth. Can I ask when that period commenced?

Ms Heard: In May of this year, 2019, Mr Miller, the provider for People Care, contacted me and asked if he could engage my services to carry out clinical audits across both Hibiscus and Orchid houses.

Ms O’GORMAN: To your knowledge, was that an undertaking that he was entering into of his own volition or was that something that was required as part of the regulatory regime?

Ms Heard: It was by his own volition.

Ms O’GORMAN: Did you have any engagement or discussions with Mr Bunker or anyone else from HelpStreet about whether they wanted you involved from May 2019?

Ms Heard: Not prior to that. When I did leave HelpStreet or Earle Haven in the October, I advised them that I was available to assist them with any ongoing audits that they may need, any education, any mentoring.

Ms O’GORMAN: During these third and fourth periods of your engagement at Earle Haven, I understand that you were an external consultant and that you were rendering invoices for the work that you did for the organisations. What were the sorts of hours that you were putting in at Earle Haven during that time? Were you there full-time, part-time or on an ad hoc basis?

Ms Heard: Full-time up until approximately June 2018. I had let HelpStreet know that my plans were to, after some time, leave—that I needed a replacement. Approximately in June HelpStreet notified me that I would be only working part-time there on a fortnightly basis.

Ms O’GORMAN: During the periods that you were there but only up until 11 July 2019, did you personally have any engagement with any assessors from the regulatory bodies?

Ms Heard: On 25 June of this year.

Ms O’GORMAN: 25 June 2019?

Ms Heard: That is correct.

Ms O’GORMAN: Do I take it from that that you were present at Earle Haven on that day when a Commonwealth assessor attended?

Ms Heard: I was.

Ms O’GORMAN: Were you involved in participating in an interview with that person?

Ms Heard: Myself and the approved provider delegate were invited to a discussion at around lunchtime, which is quite a normal procedure. There is feedback given at the end of the morning as to how the assessment is progressing. I was aware that the assessors were there and we had notified Karen Parsons that we would like to have been part of that feedback and so we were invited to that at lunchtime.

Ms O’GORMAN: Have you been here this morning?

Ms Heard: Not all morning.

Ms O’GORMAN: Were you here during the period of time in which Ms Tuccori was giving evidence to the committee?

Ms Heard: I was, yes.

Ms O’GORMAN: Do you recall her being asked about some entries in the assessor’s report from the assessment that was done on 25 June 2019?

Ms Heard: Yes, I do.

Ms O’GORMAN: Do you recall that those questions involved statements in the assessor’s report that had been made to the assessor, it seems, to the effect that 71 per cent of the care recipients at Earle Haven at that time were receiving psychotropic medications?

Ms Heard: I do recall that.

Ms O’GORMAN: Do you recall her also being asked questions about what the assessor had said in his or her report about the fact that 50 per cent of care recipients were subject to restraints?

Ms Heard: Yes, I do.

Ms O’GORMAN: Were you the person who provided either of those pieces of information to the assessor on that day?

Ms Heard: No, I was not.

Ms O’GORMAN: Were you spoken to at all by the assessor about either of those things—that is, the use of psychotropic medications or other restraints?

Ms Heard: No, I was not.

Ms O’GORMAN: Going on your recollection now, would you agree that those facts are a correct reflection of the state of affairs in June 2019?

Ms Heard: I feel it is very important to clarify the questions that have been asked of that day. If we were to talk about chemical restraint, it is the use of antipsychotic medication. Taking into consideration that a lot of those residents at People Care had diagnoses of dementia, some with aggressive behaviours, after they are medically assessed a general practitioner may decide to put them on some certain drugs. Then there is the alternative that they may have, as required, medication along with other provisions of behaviour management that is not just chemical restraint. The up to 70 per cent—and I am actually reviewing those statistics at the moment, because I have been asked to by the commission. I am seeing that there were up to 70 per cent—60 to 70 per cent—that were written up for antipsychotic medication, quite a considerable amount with PRN usage as required. I have current medication charts that would indicate there was not a great deal of use of PRN medication.

Ms O’GORMAN: In forming that view you have referenced having access to a number of charts. To what extent are you able to be satisfied within yourself that the charts that you are able to access are a complete record of the state of affairs back in June 2019?

Ms Heard: First of all, I do not have all the medication charts but I would have 90 per cent of them. I would expect there will be the rest there today. The state of affairs—well, I can only look at the date of 25 June—I cannot go forward or back on those dates—and it is quite correct that those drugs were written up, but I am not seeing that they were regularly given.

Ms O’GORMAN: You might have heard when Ms Tuccori was giving evidence that it seems as though some of the patient records were kept on the server.

Ms Heard: That is right.

Ms O’GORMAN: For others they were kept in hard copy and for others on both systems. Is the keeping or maintaining of patient records something that you were responsible for?

Ms Heard: In my time as acting manager, yes. Whilst I was there, up until about June 2018 we were using paper based records. We transitioned over to an electronic system from June through to August 2018 so, yes, I was in charge of those records.

Ms O’GORMAN: We have heard some evidence about the ratios of staff to residents at Earle Haven. During the time that you were there in your fourth period of engagement at Earle Haven, did you form a view about whether the ratio of staff to residents on both the day shift and the night shift was adequate and satisfactory?

Ms Heard: I formed the opinion that the roster was safe. However, I formed the opinion that there was a lot of agency staff being used. There was a lot of staff who were not very experienced in their roles as caregivers. Staff members had, as Ms Tuccori explained, either terminated their position or had to be let go, and so in replacement of those staff I questioned the experience and then the inexperience having an impact on residents’ safety.

Ms O’GORMAN: Do you recall being present at a meeting between Mr Miller, it seems, and approximately 60 residents and family or friends on 20 March 2019?

Ms Heard: I was not present.

Ms O’GORMAN: Bearing in mind that you were not present there, can I ask you this question more broadly: were you aware during your fourth period of engagement at Earle Haven of complaints by either residents or their family and friends about the level of care and safety that they were experiencing?

Ms Heard: That was one of the reasons that I was engaged. Mr Miller had explained that there had been quite an amount of complaints. He wanted to see how accurate those complaints were. So I was aware that there had been complaints made and that included care.

Ms O'GORMAN: I was going to ask whether specifically you were aware that there were complaints being made by residents and/or family and friends about things like the amount of time that they might be left unattended by nurses.

Ms Heard: I was aware of that.

Ms O'GORMAN: And things like the cleanliness or otherwise of their environment?

Ms Heard: There were some complaints brought up about the cleanliness of the home.

Ms O'GORMAN: Were you aware of complaints about the quality of food being offered to the residents?

Ms Heard: There were complaints. However, the change in the cooking arrangements had only occurred recently—I think in the April. They may still have been complaining about the other catering services as well.

Ms O'GORMAN: In your view, were those complaints—and I am perhaps most interested in the complaints about staffing arrangements and the level of time that residents were being left unattended—justified?

Ms Heard: I had investigated some complaints of that time, and then just a week prior, around 1 July, there were three different complaints and I investigated those. Mr Miller was aware of that, but so was David Lamb. I took them all to him and explained about those complaints, in particular that there was not enough staff caring. I do think they were justified, those complaints.

Ms O'GORMAN: You said that following your investigation of those three complaints in particular you relayed that information to Mr Lamb and to Mr Miller. Did you also relay that information to any representatives of HelpStreet?

Ms Heard: Mr Lamb was the CEO. At the time those complaints came in, I do recall Ms Parsons was unwell.

Ms O'GORMAN: Can I interrupt you? I am sorry. I had forgotten that Mr Lamb was a representative of HelpStreet so my question was somewhat confusing. You have clarified for me that you relayed the outcome of those investigations to both Mr Miller from People Care, of course, and Mr Lamb from HelpStreet.

Ms Heard: Yes.

Ms O'GORMAN: What level of communication was occurring between representatives of People Care and representatives of HelpStreet during this period of time—that is, the lead-up to 11 July 2019?

Ms Heard: In regard to the approved provider having any communication with the CEO, I do believe there was minimal communication.

Ms O'GORMAN: Do you know what the reason for that was?

Ms Heard: I have been advised that there was breakdown in communication, that anytime there was communication there may have been a discomfort on both sides at those meetings.

Ms O'GORMAN: In your view, is it a matter of concern that at a facility like Earle Haven, an aged-care service, there was a breakdown in communication between the approved provider and the person engaged to provide services on that person's behalf.

Ms Heard: It is concerning, yes.

Ms O'GORMAN: Can I move then to the lead-up to 11 July 2019. I understand from the evidence you have given so far that you were at that time in a period of engagement by either People Care and/or HelpStreet?

Ms Heard: By People Care.

Ms O'GORMAN: Did you become aware in the days leading up to 11 July 2019 that there was a further breakdown in communication between People Care and HelpStreet to the extent that things were becoming quite catastrophic?

Ms Heard: I would never have thought there was any breakdown that was catastrophic, to use that term.

Ms O'GORMAN: Prior to 11 July?

Ms Heard: That is right, yes. Having said that, I knew there was a breakdown in communication which led Mr Miller, the approved provider, to engage his lawyer again in regard to the contract not continuing with HelpStreet.

Ms O’GORMAN: What information were you provided with by Mr Miller about the state of the relationship between People Care and HelpStreet in the day or two prior to 11 July?

Ms Heard: That they could not reach any agreements, the contract was not going ahead, and he had given them a date, which I had first believed to be 31 August. Then I was under the impression it was 9 August. At no time did Mr Miller say it was one day or two days. There was an expectation that there would be a transition from HelpStreet back to People Care to ensure safe delivery of care continued.

Ms O’GORMAN: You have mentioned two dates there, 31 August and 9 August. Do I take it that they were dates that were being discussed as being the date of transition or vacation of HelpStreet from Earle Haven?

Ms Heard: I believe, yes, for HelpStreet to vacate by 31 August with a transition throughout the August period.

Ms O’GORMAN: At this point were you still reporting to or engaged by People Care?

Ms Heard: I was.

Ms O’GORMAN: To what extent were you able to influence, if at all, the actions of Mr Bunker at HelpStreet?

Ms Heard: I had no influence over him at all. We did not engage in any conversation.

Ms O’GORMAN: Can I ask you whether you were involved to any extent in the removal of any servers and/or monitors from the facility on 10 July 2019?

Ms Heard: No, I was not involved.

Ms O’GORMAN: Did you have any awareness of that occurring?

Ms Heard: I was advised of that, I think, at around 2 pm on 10 July.

Ms O’GORMAN: Were you advised of that by someone from People Care or HelpStreet?

Ms Heard: HelpStreet, when a staff member came up to the offices and advised myself and the AP delegate, Bruce Lang, about the removal of the servers.

Ms O’GORMAN: Were you in a position to do anything to prevent that from occurring?

Ms Heard: No.

Ms O’GORMAN: Did you form a view about whether it was appropriate that the servers be removed at that time?

Ms Heard: I had formed a view of how dangerous I felt that was, because I knew all the information for resident care was held on those servers.

Ms O’GORMAN: When you say you knew all the information for resident care was held there, can you tell us a little bit about the type of information that was being held on those servers?

Ms Heard: All of our residents’ contact details, EPOA information—that type of primary information, entry information. It was certainly the assessments that were carried out for the residents, care plans, progress notes and behaviour management approaches. The holistic care needs of the residents were kept on that.

Ms O’GORMAN: Ms Heard, in your view, could a facility like Earle Haven continue to operate in any meaningful or safe way for any length of time with that information missing?

Ms Heard: Due to the staff who were looking after the residents and the staff having the knowledge about the residents, I believe for a short period of time they were in the best position to look after the residents because they know the residents. I was asked when the server was removed how we were going to write information and I said, ‘You’ll put it on paper.’

Ms O’GORMAN: I understand that answer. Perhaps let me ask it a slightly different way. As I understand it, you have a couple of decades of experience as a registered nurse, a manager and an adviser in aged-care services. In your view, could a facility like Earle Haven have continued to operate for anything more than a shift or two whilst the sorts of information that you have discussed as being very important were missing from the service?

Ms Heard: No.

Ms O’GORMAN: Thank you. Can I ask you then about the events of 11 July 2019. Firstly, were you rostered—perhaps you were not rostered?

Ms Heard: No.

Ms O’GORMAN: Were you expected to be there on 11 July 2019?

Ms Heard: No, I was not.

Ms O’GORMAN: We have heard some evidence that you were in fact in attendance on that day, so we are interested to know how that came about. When did you first receive any communication from anyone linked to Earle Haven on that day?

Ms Heard: I received a phone call from a resident’s family member who was very concerned. That was at approximately 12 or 12.15 on the Wednesday—on the Thursday. They were just very worried that they felt that residents’ belongings or furnishings were being removed from Hibiscus House and Orchid House.

Ms O’GORMAN: Having received that information, what did you then do?

Ms Heard: I rang up the approved provider delegate, Mr Bruce Lang, and I relayed that information to him.

Ms O’GORMAN: Did he indicate to you that that was being done at the instigation of People Care?

Ms Heard: No. He had no idea that this was being carried out.

Ms O’GORMAN: Did you have any idea at whose instigation it was being carried out at that time?

Ms Heard: No.

Ms O’GORMAN: Having had that conversation with Mr Lang, what was the next thing you did?

Ms Heard: I contacted Mr Miller and asked would he and Mr Lang go down to the homes and actually see what was happening. If they were not aware of it, I felt that they needed to see what was occurring on the grounds of Earle Haven.

Ms O’GORMAN: Did you yourself attend on that day?

Ms Heard: I did, yes.

Ms O’GORMAN: What time did you arrive?

Ms Heard: Approximately 3 pm.

Ms O’GORMAN: When you arrived, were there already personnel from the Queensland Ambulance Service there, to your knowledge?

Ms Heard: Yes, there was.

Ms O’GORMAN: Did you consider yourself in a position at all to influence the departure of HelpStreet staff at that time?

Ms Heard: No, not at this time.

Ms O’GORMAN: It was not your role to tell the staff to stay or to leave?

Ms Heard: That is correct.

Ms O’GORMAN: Did you have any conversations with anyone from the Queensland Ambulance Service about whether or not Earle Haven could remain open?

Ms Heard: Yes, I did.

Ms O’GORMAN: Who did you speak to?

Ms Heard: The commander. I believe it was Mr Strong. I may have that name wrong.

Ms O’GORMAN: What was the nature of the conversation that you had with him?

Ms Heard: Leading up to that and Mr Miller advising me that HelpStreet had stood down from their role as managers, Mr Miller indicated to me that he would like me to assist with any management of what was happening. I introduced myself and described how I had worked for People Care, who I was. I did indicate—maybe not initially but at least twice throughout that afternoon—that I felt that People Care could still operate. The reason that I came to that conclusion was that I had opportunity on my drive over from where I live to Earle Haven, which is a two-hour drive, to formulate an assessment, a plan, that I felt could be carried out to avoid people being displaced from the home. I had been told that people were going to hospital and I questioned—this was before I got there—‘Why

would our residents be going to the hospital? They're not sick.' I was able to speak to catering, I was able to speak to staff and I was able to formulate that. I know the logistics of the home. I know the logistics of Earle Haven and what would and should have been available to continue the care of those residents with or without records.

Ms O'GORMAN: At the time that you formed the conclusion, and I am paraphrasing, that it would be safe for the residents to remain at Earle Haven at that time, were you aware that it seems the food and drink being provided to the residents was coming from the GCUH?

Ms Heard: Not at that stage it was not; it was coming from People Care. I got there at approximately three o'clock. When I spoke to someone on my way over, they did advise that the catering officers with HelpStreet were declining to give any further hydration or nutrition to the residents. That is when I spoke to the catering officer to ensure that there was plenty of food and drink available. From afternoon tea onwards, I actually believe—and I have not heard that statement before—that the food and hydration was coming from People Care. That was arranged.

Ms O'GORMAN: Do I take it that, even until now, you were not aware, or disagree with me, that food and drink was being provided by external services than People Care or HelpStreet?

Ms Heard: I do disagree with that but I do not have any other knowledge around that. I observed that People Care had supplied afternoon tea. That was validated through discussion with the catering manager. I asked her: if there was not a huge amount of hot meals available, could we have soup, drinks and suppers? That was not a problem. That was arranged. Any supplements that we felt we may not have had, we engaged the services of the pharmacist to assist with that. Later in the evening, I observed that there was food and sandwiches brought in. I still up until now was under the impression that was for the emergency team, but there was water, there were sandwiches, there was a lot of food available that I do know that the hospital had brought in but I never actually thought it was for the residents.

Ms O'GORMAN: Were you aware on the afternoon or the evening of 11 July 2019 that items inclusive of mattresses, fridges, food trolleys and basic cleaning equipment were being removed from the facility? Were you aware of that at that time?

Ms Heard: Yes, I was.

Ms O'GORMAN: Notwithstanding your knowledge of the extent of equipment being removed from the facility, you were still of the view that it was safe for the residents to remain?

Ms Heard: Because of my knowledge, knowing that there were approximately 19 empty beds and I was told there were 10 or 11 mattresses moved, I realised there would be enough mattressing. I realised there would be enough linen because there is a very big laundry service available. I had spoken to the registered nurse and asked her to have a look at our continence aids and whether there were enough continence aids to manage our residents. She identified that there was. I asked her to look at medical supplies and what medical supplies there were—I am just talking about wound care needs—and there was plenty of that. Medications were not removed.

Ms O'GORMAN: Were you aware that on 11 July 2019 it took external nurses up to three hours to issue the necessary medication to the residents?

Ms Heard: Yes, I am.

Ms O'GORMAN: Were you given any comfort or reassurance from anyone at HelpStreet that the servers would be returned to the facility in the near future?

Ms Heard: Kristopher Bunker spoke to me that afternoon. I could not tell you what time it was. He said to me, 'Maybe, Karen, you could speak to Mr Miller and say to him if he was prepared to transfer funds over this could all stop.'

Ms O'GORMAN: Did you in fact have any discussion along those lines with Mr Miller?

Ms Heard: I informed him.

Ms O'GORMAN: What was his response at that time?

Ms Heard: He declined it.

Ms O'GORMAN: Can I ask you this as a final question then: we have heard your view that you held on the afternoon and evening of 11 July 2019 that it would be safe for residents to remain. Can I ask you now, with the benefit of hindsight and the opportunity to reflect on the situation that was in fact unfolding, whether you retain that view or whether you are now of the view that it was in fact untenable for those residents to remain at Earle Haven on that night?

Ms Heard: I have reflected, of course. Knowing how many staff came in to assist that evening and said they were available for as long as they needed, knowing that they had the knowledge to look after our residents, knowing that I could access the previous paper based system quite quickly, knowing that some of our residents in reflection had falls after they left our service—not the fault of anyone else; it is because the knowledge did not go with those residents—I still believe that we could have safely continued to operate. The reasons for that are that I know we could have engaged very quickly HR services. I had staff that I had worked with for two years and people were prepared to assist in that.

Ms O’GORMAN: Were you present here today when Mr Ron Calvert and Ms Karlene Willcocks gave evidence?

Ms Heard: No. I came in at the very end of that.

Ms O’GORMAN: Do I take it, then, that you were not in a position to hear evidence that they might have given about the fact that they—that is, the external helpers who arrived—could not, for example, satisfy themselves that the staff members on the ground were appropriately qualified and trained to continue to provide care that afternoon?

Ms Heard: They certainly would not have been able to make that decision.

Ms O’GORMAN: To what extent, if any, are you able to be confident now, even upon reflection, that if People Care had retained control of the facility that afternoon Mr Miller would in fact have taken over payment of people’s wages as of that day?

Ms Heard: He has paid those wages.

Ms O’GORMAN: It is your understanding—

Ms Heard: It is my understanding that People Care have paid those wages.

Ms O’GORMAN: I will just check that I understand this. It is your understanding that Mr Miller has paid the wages of the staff members from either People Care or HelpStreet on the afternoon of 11 July 2019?

Ms Heard: It was not on the afternoon that he paid them. He paid them a week later—

Ms O’GORMAN: And that includes the staff members who were employed by HelpStreet?

Ms Heard: Yes. That is my understanding.

Ms O’GORMAN: That is your understanding?

Ms Heard: Yes.

Ms O’GORMAN: Thank you for that opportunity, Mr Chair. That concludes the questions that we have of this witness.

CHAIR: Thank you very much, Ms O’Gorman. We will move to some committee questions. Thank you for being here, Ms Heard. We have just had Ms Tuccori in and I think my final question to her—I do not know if you were in the room—was whether she had been paid her entitlements, including superannuation. She said yes to one but still had outstanding superannuation.

Ms Heard: That is correct. I did hear that. I am of the opinion that their pay was paid by People Care. I do not know about superannuation, but I believe that was not paid by People Care. That is my understanding.

CHAIR: There are a number of staff who might be affected by that.

Ms Heard: That is correct.

CHAIR: Can we have on the viewer table 104, the photographs of Earle Haven. I just want to go back to the medication room. There is a before-and-after shot of the medication room. Are you familiar with that?

Ms Heard: I am familiar with that room.

CHAIR: That was taken at 10 o’clock on the 11th. There is an array of medications. Can we bring that back up, please? If I am not mistaken, the yellow things on the trolley are Webster-paks or something similar?

Ms Heard: That is right.

CHAIR: Can we go to the next photo? Do you have any idea where those medications are at 10 o’clock at night?

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Ms Heard: The medication trolleys were taken into the large dining room in Hibiscus House, similar to what happened in Orchid House, by the registered nurses on the emergency team and from there they delivered the medications to the residents over that three-hour period.

CHAIR: We heard the complexities of why—because they needed to find out which patient had what level of care or medications required, because there was no paperwork at that time, at 10 o'clock at night.

Ms Heard: The medication charts indicate how residents take their medications.

CHAIR: Sorry, we had clarification this morning that there were old photographs and the data was not there to match up with the medications of the patient.

Ms Heard: Okay. As far as I am aware, those medication charts they were delivering medications from were current.

CHAIR: It occurs to me that in your employment and contract with People Care you were brought in at times when sanctions were available. Was that to restore a level of service in that 2016-17 period?

Ms Heard: When I came in at 2016, People Care did not know me. They knew of my experience, though, through my resume and then in the sanction period. That is why Mr Miller contacted me again and then this time.

CHAIR: It appears that there is a pattern. When a sanction is there, they employ you to come in and—

Ms Heard: Fix it up, but I continued employment even as an external contractor to ensure that we met the accreditation needs in 2017. I did not just walk in, try to fix it up and walk out. I was committed to change care and processes and we did that.

CHAIR: I asked Ms Tuccori earlier if there was a record of complaints under your role as manager. Did you have a record of complaints?

Ms Heard: Yes, we did.

CHAIR: Do you have access to those still?

Ms Heard: I have access to most of those now—through to now, 2019. A lot of those records were taken off site. They have been returned.

CHAIR: Would they be available to the committee? Can we ask you to take that on notice so that we can look at those?

Ms Heard: Yes.

CHAIR: Are you still employed by Mr Miller and People Care at the moment?

Ms Heard: Contracted, yes.

CHAIR: What is your current role?

Ms Heard: As the nurse adviser.

CHAIR: For?

Ms Heard: For home care and People Care, yes, which is part of the licences for the approved provider.

CHAIR: That is a good segue to my next question. Are there other residential aged-care facilities under that licence of Mr Miller? Are there other homes besides Earle Haven that are operating?

Ms Heard: By People Care? No, there is not.

Mr CRANDON: First of all, you were invoicing People Care and HelpStreet?

Ms Heard: Can I just clarify that? It was never at the same time.

Mr CRANDON: Okay.

Ms Heard: I was never working for People Care and HelpStreet. When People Care transitioned to HelpStreet, HelpStreet management asked if I would continue in that role until they appointed a permanent manager.

Mr CRANDON: That will make one of my questions redundant, but I will ask it in a moment anyway. Are there any outstanding invoices from either of those organisations?

Ms Heard: No.

Mr CRANDON: All paid. This is the question that you have made redundant. Do you regard this to be appropriate? Was there any conflict of interest?

Ms Heard: I certainly have looked at that and talked to the Department of Health about that. My roles with People Care and HelpStreet were external roles. I was not actively employed by them from 2017 onwards. In those discussions and with legal advice I do believe that there is no conflict of interest.

Mr CRANDON: It had crossed your mind, though?

Ms Heard: Of course, and it is a question that is raised through the department as well.

Mr CRANDON: Did you report or provide information to one or other about the other side? Did you provide information at times? You are working for Mr Miller now. Did you provide information to him about knowledge that you gained as result of working for the other contractor?

Ms Heard: When I was auditing Hibiscus House and Orchid House I provided reports to both HelpStreet and to People Care.

Mr CRANDON: About the other, do you mean?

Ms Heard: About the care that was being conducted. There was no hiding of that information. HelpStreet needed to be aware of what my findings were and I was there to ensure that, if there were any findings that I was concerned about, HelpStreet had the opportunity to respond to that, and they did.

Mr CRANDON: What about the management people? Did you give feedback to Mr Miller about conversations that you might have had with Mr Lamb or Mr Bunker?

Ms Heard: No, I do not believe so. I am not quite sure what you mean.

Mr CRANDON: I am just wondering whether or not there have been some conversations going on because of your knowledge of one with the other two perhaps assisting. Underlying all of this, it seems to be financial—

Ms Heard: I was never involved in any financial matters at all with either HelpStreet and/or People Care.

Mr CRANDON: Just to clarify, I think you said that you rang Mr Lamb and he did not know the service had been removed.

Ms Heard: No, I rang Bruce Lang, the AP delegate of People Care—not Mr Lamb.

Mr CRANDON: Right.

Ms Heard: I know, sorry.

Mr CRANDON: That is where we are confusing these two people.

Ms Heard: I believe Mr Lamb had physically removed those servers himself.

Mr CRANDON: When you spoke to Mr Strong, were you aware that assets were being stripped out of the facility as you were having a conversation with him—all of those various assets?

Ms Heard: I could see that there were fridges, because I arrived at around three o'clock. Some furnishings had been taken. I saw a fridge, a dishwasher, I believe, and some other furnishings being removed, yes.

Mr CRANDON: You still felt confident that you could restore services with all of these things going past you as you were having a conversation?

Ms Heard: As I explained before, I do know the logistics of Earle Haven. I knew what was available that could be—if we did not have a fridge, we could have it replaced. If we did not have a dishwasher, we could send anything down to the catering department, which is one minute down the hallway. I came to that conclusion because I had managed there before. I had operated a system there before. I knew I could access that system—and for the safety of the residents being cared for by people who knew them. I did not make that decision lightly, though. I made it because—excuse me—

Mr CRANDON: Take your time.

Ms Heard: We are talking about people. They were not just residents; they were people with dementia, who were dying, receiving pain management—excuse me—

Mr CRANDON: That is fine. Take your time.

Ms Heard: To transfer 70 people out of their home, very confused, was very risky and I voiced that opinion. I stepped—I do need a minute.

CHAIR: I understand this is difficult, Ms Heard.

Ms Heard: It actually is. I have to say that.

CHAIR: You are right: there are people involved in this.

Ms Heard: There are people involved in it, and making those decisions about their lives on that night—I would never put anyone's life at risk. I do not believe that the emergency services were thinking they were putting anyone's lives at risk. We both saw a different side. I believe, if I had come in and not known anything about People Care, I may have made that decision myself, but knowing what I did and the staff who arrived that night to assist with that—those people who had worked with those residents for a long time—gave me confidence that we could care for them.

Mr CRANDON: Thank you for that. I understand it is a very emotional moment for you. Can I just close on two questions. Did you form the view following your conversation with Mr Bunker that he was using the stripping out of the assets at that time—very visible—to pressure Mr Miller to pay some funds?

Ms Heard: He actually said to that me.

Mr CRANDON: What did you say? How did you respond to him—to Mr Bunker—when he said, 'This could all stop.' How did you respond to that?

Ms Heard: I cannot recall the exact words. I said, 'This has now gone too far'—something like that. 'I don't believe that will make any difference now.' I told him I was not happy with him, with how this was being conducted. I explained that I did not think getting any money now or later is really going to make a difference with what has occurred.

Mr CRANDON: I have one final question. Where are the medical charts now? Where did you get them from? You said that you have those charts now. Do you have all of the material now?

Ms Heard: No, I do not have all of the material. I have as much as what the Department of Health has been able to acquire for us. Ms Tuccori mentioned there was a SharePoint of information. Some of that information would be helpful to have, but we do not have that. That is monthly reports—those types of things.

Mr CRANDON: The server?

Ms Heard: No, but we have been able to access information from the server. Manad is the electronic system and we have been able to access quite a substantial amount of information from that.

Mr CRANDON: You say that you have most of—not all of—the charts in relation to medications?

Ms Heard: Most of the charts. I have been able to access those from the nursing homes that our residents were sent to.

Mr CRANDON: Hard copies?

Ms Heard: Hard copies.

Mr O'ROURKE: Earlier you spoke about where complaints had been received it was what you thought was due to inexperienced agency staff coming into the facility. Over the period of your employment on those different occasions, did you see differences in the number of staff who were employed to provide care to residents?

Ms Heard: Are you saying this through when I was working with HelpStreet?

Mr O'ROURKE: Yes.

Ms Heard: No. We were not making any changes. There were conversations about staff numbers, but we did not make any changes.

Mr O'ROURKE: You believed that there were sufficient staff at all times to meet residents' needs?

Ms Heard: Yes, I do, yes.

Mr McARDLE: Ms Heard, you said at the royal commission that you told the commander you could actually guarantee 72 hours of care 'because I had—on my way to Earle Haven, I had spoken to the approved provider'. I assume that is Mr Miller. What did he tell you?

Ms Heard: I had a discussion with him about what role he would like me to play in this, if he needed me at all. He said, 'I would like you to assist with managing the happenings there.' He did not direct me as to how I came to the decision that we could carry out care, and it was beyond 72 hours.

That was my discussion with him. I said I felt that, from what I have been told with staff being available, with food and fluid available, medical supplies, we could continue care. I gave the 72 hours because I felt that was a fair description, that in that period I could then develop a plan to continue and employ staff.

Mr McARDLE: Is it the case that you came to that conclusion on the way to Earle Haven?

Ms Heard: That is true.

Mr McARDLE: You had not seen what had been transpiring at Earle Haven when you came to that determination?

Ms Heard: That is correct.

Mr McARDLE: Also, you spoke to the catering manager and that person told you something. What did they tell you?

Ms Heard: That there was enough food available and she could access any extra food if required to ensure that nutritional needs were being met and could be met.

Mr McARDLE: How would you describe the scene when you arrived at Earle Haven?

Ms Heard: It was, as most people have said, chaotic. To drive into the driveway, there were approximately eight ambulances there and then to walk through the front doors when there was quite a lot of people, it looked chaotic—bedlam.

Mr McARDLE: Did that cause you to think about your determination that you could provide 72 hours of ongoing care?

Ms Heard: Of course it did.

Mr McARDLE: Would you also accept that Mr Strong, the QAS commander, and also the medical staff from the HHS—they had been there for some time, as I understand it, before you arrived—had formed the opposite view?

Ms Heard: That is right.

Mr McARDLE: Can you understand why they, being on the spot, came to a determination that, no, it was best for the residents to be moved into other facilities?

Ms Heard: Yes, I can.

Mr McARDLE: Do you still say that you could have provided that care, if you can also understand how the other experts felt—and I class you as an expert; you are an RN—given the testimony that we have heard here today, that you could have given that care?

Ms Heard: I have continued to have that belief, yes.

Mr McARDLE: Can you inform the committee of the nursing staff numbers and qualifications of those who were there at 3 pm, when you arrived?

Ms Heard: When I arrived I spoke to a registered nurse who I knew was rostered for that evening. My questions to her were, 'How many staff are here? Are all the staff that are usually rostered here now?' She advised me—

CHAIR: Excuse me, Deputy Chair. What was her response?

Ms Heard: There were registered nurses, there were enrolled nurses and there were AINs.

Mr McARDLE: You also made the comment in testimony that you were concerned about a lot of agency staff being employed and you were concerned about them not having experience. On the day you turned up at 3 pm, did those comments apply to the staff who were there?

Ms Heard: No, they did not. Over a period, a three- or four-week period when I was doing audits, I identified that there was quite a substantial amount of agency staff being used. On that day, on 11 July, I do not believe there were any that I can recollect—any agency staff there.

Mr McARDLE: There was one RN, I think you said?

Ms Heard: There was one RN, two enrolled nurses and there were nine, I believe, AINs rostered for that evening.

Mr McARDLE: There were also several medical staff from the local HHS?

Ms Heard: Yes.

Mr McARDLE: The paramedics as well?

Ms Heard: Yes.

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Mr McARDLE: Ms Tuccori described it as chaotic.

Ms Heard: Yes.

Mr McARDLE: Did you talk to her at all about her role in relation to the rollout of what you thought could occur?

Ms Heard: No, I do not believe I did that evening. In the conversations I had with her, I inquired as to where the residents' information was and then we spoke on the phone to the Department of Health together. They contacted me and then I introduced Ms Tuccori because she was the senior clinical care manager in the home at that time.

Mr McARDLE: Thank you, Chair.

CHAIR: Ms Heard, do you have any records of rosters from your time?

Ms Heard: I have not got any current rosters.

CHAIR: What rosters would you have?

Ms Heard: We would have rosters that may date back basically 12 months.

CHAIR: Can you provide the committee with those as well and take that on notice?

Ms Heard: I can, yes.

CHAIR: With the questions that I have asked you about the records of complaints—and you were able to provide those, you said—how quickly can you provide the committee with the information that I have asked for on rosters and the complaints register?

Ms Heard: I am in the middle of responding to something for the commission which is due either tomorrow afternoon or Friday afternoon. Is Monday early enough?

CHAIR: If we could get them before Mr Miller appears, that would be of great benefit. He is appearing on the 16th. Thank you very much.

Ms Heard: All right, that is fine.

CHAIR: Thank you. The committee has no further questions. Do you have any supplementary questions, Counsel?

Ms O'GORMAN: Mr Chair, I have just two, if I may. Ms Heard, how many of the residents who were moved from Earle Haven on 11 July 2019 have returned?

Ms Heard: None.

Ms O'GORMAN: Are you aware whether either People Care or HelpStreet ever engaged consultants, yourself or anyone else, specifically for the purposes of preparing for any agency audits or accreditation applications?

Ms Heard: No, I am not aware of that.

Ms O'GORMAN: Thank you. Those are the questions that I had. That being the case, I wonder if Ms Heard might be excused, Mr Chair?

CHAIR: Thank you very much, Ms Heard, for your time today and your responses. You are excused.

Ms Heard: Thank you.

CHAIR: We will move to private hearings. If anyone would like to participate in those private hearings, can you make yourselves known to either Mr Finnimore or Mr Hansen to my left.

Ms O'GORMAN: Mr Chair, can I indicate that for the rest of this afternoon it is not envisaged that there will be evidence given by anyone else in an open setting. I say that simply for the benefit of any members of the public who might be here and are wondering whether they will be admitted for the rest of this afternoon. That is not expected to be the case. We expect that the witnesses who will resume in an open setting will do so tomorrow.

CHAIR: That is correct. The public hearing will continue at 9 am tomorrow.

The committee adjourned at 3.39 pm.